Michigan Department of Transportation 0561 (06/2023)

MDOT LANE CLOSURE NOTIFICATION/REQUEST FORM

(FOR SHIFTS, LANE, SHOULDER, STRUCTURE AND RAMP CLOSURES)

TRANSPORTATION SERVICE CENTER (TSC)								DATE																	
COUNTY								REQUEST NUMBER																	
JOB NUMBER									REQUESTOR NAME																
PRIME CONTRACTOR											24 HOURS CONTACT														
ROUTE	DIRECTION	LOCATION OF CLOSURE (Cross Street to Cross Street, Mile point to Mile point, Exit name and Number)	WORK DESCRIPTION	DETOUR YES/NO	EXISTING NUMBER LANES	(Plac	ce "			JRE T		/PE s that apply)				ION OF CLOSUR "X" in the boxes		that apply)		TRICTIO	ONS	SPEED LIMITS			
						LEFT SHOULDER	LAN	NE NI 2			RIGHT SHOULDER	ENTRANCE Z	SAM		DATE MM/DD	TIME	DAILY/ RECURRING	MOVING	HEIGHT	WEIGHT	WIDTH	POSTED	WORK ZONE	WORKERS	
														CLOSE OPEN											
														CLOSE										1	
														OPEN CLOSE										-	
														OPEN CLOSE				1						-	
														OPEN											
														CLOSE OPEN											
														CLOSE											
														OPEN CLOSE				1						+	
														OPEN											
DETOUR ROUTE																									
SUMMARY																								_	

Submit form a minimum of seven (7) calendar days prior to the start of requested closures to the Engineer for approval.

NOTE: Southeast Michigan Transportation Operations Center (SEMTOC) shall be called in 'Real Time' when lane closures are beginning and when lane closures are removed in addition to providing advance notification on this Lane Closure Form. This includes shoulder closures and moving operations. Please notify SEMTOC and refer to the Main Job Number associated with the project.