



# Missouri Department of Transportation: Lane Closure Form

Complete entire form and fax to Sherita White @ 816-622-0440

A minimum of 48 Hour Notice is Required

Permit # \_\_\_\_\_ Log Point: \_\_\_\_\_

County: \_\_\_\_\_  
Benton, Cass, Clay, Henry, Jackson  
Johnson, Lafayette, Pettis, Platte, Ray

### (MoDot Office Use Only)

Direction Type: \_\_\_\_\_  
North, South, East, West

Route: \_\_\_\_\_

Work Type: \_\_\_\_\_  
Permit Work  
Utility Work

Lane Type: \_\_\_\_\_  
Thru, Left Turn, Right Turn, Dual Left  
Turns, Shoulder

Job Number \_\_\_\_\_

Work Zone Speed Limit \_\_\_\_\_  
None, 15, 25, 35 etc

Level of Impact \_\_\_\_\_  
Low, Medium, High

Create Opposing - Yes \_\_\_\_\_ No \_\_\_\_\_

No. Of Lanes Closed: \_\_\_\_\_  
0-7

Closure Location: \_\_\_\_\_  
Left, Center, Right

Day Or Night: \_\_\_\_\_  
Day, Night, 24 hour

Weekend Work: \_\_\_\_\_  
None, Saturday, Sunday, Both

Emergency Work: \_\_\_\_\_  
Yes or No

Closest Intersection: \_\_\_\_\_

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Company Working: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Permit Inspector: \_\_\_\_\_

Inspector Phone #: \_\_\_\_\_

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Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_