**ROAD STATUS ADVISORY**

**THIS FORM SHALL BE PROVIDED TO THE CONSTRUCTION INSPECTOR PRIOR TO WORK BEGINNING. COMPLETED FORM TO BE PROCESSED INTERNALLY**

Date:

**A CONTRACTOR’S INFORMATION SHEET FOLLOWS: ■ YES □ NO**

**LOCATION:**

 **Specify location – intersecting streets, closet residence or business address, which side of road, etc.**

**EFFECTIVE FROM**  . **UNTIL** .

 Date and Time Date and Time

**FOR THE FOLLOWING REASON(S):**

**TO BE DONE INTERNALLY BY ENGINEERING STAFF**

Upon completion of form; attach a map showing project and major cross streets. Then send to the following for their records

* Emergency Manager
* 911@midwestcityok.org
* Public Works Director
* Street Supervisor
* Sanitation Coordinator(s)
* Risk Manager
* Safety Coordinator
* Police Chief
* Fire Chief