



*Town of Rocky Mountain House*  
**TEMPORARY ROAD CLOSURE PERMIT**

**APPLICANT:** \_\_\_\_\_

**ADDRESS:**      On \_\_\_\_\_ St/Ave      Between \_\_\_\_\_ St/Ave      St/Ave

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE:**      Starting On \_\_\_\_\_ Ending On \_\_\_\_\_

**TIME:** \_\_\_\_\_ to \_\_\_\_\_

**REASON:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>NOTIFICATION REQUIREMENTS:</u>		<u>NOTIFIED</u>		<u>DATE</u>
		Yes	No	
<b>RCMP</b>	Ph: 403-845-2882 Fax: 403-845-6515	<input type="text"/>	<input type="text"/>	_____
<b>Ambulance</b>	Ph: 403-845-3825 Email: bclark@associatedambulance.com	<input type="text"/>	<input type="text"/>	_____
<b>Fire Department</b>	Ph: 403-845-2123 Fax: 403-844-4301	<input type="text"/>	<input type="text"/>	_____
<b>Regional Fire</b>	Ph: 403-845-4444 Fax: 403-845-7727 Email: fireadmin@clearwatercounty.ca	<input type="text"/>	<input type="text"/>	_____
<b>Wild Rose School Div.</b>	Ph: 403-845-4255 Fax: 403-845-7211	<input type="text"/>	<input type="text"/>	_____
<b>Catholic School Div.</b>	Ph: 403-309-8801 Fax: 403-309-8803	<input type="text"/>	<input type="text"/>	_____
<b>Rocky Waste Auth.</b>	Ph: 403-845-4121 Fax: 403-845-6350 Email: djennings@clearwatercounty.ca	<input type="text"/>	<input type="text"/>	_____

_____	_____
<i>Signature of Applicant</i>	<b>Date</b>
_____	_____
<i>Approved by</i>	<b>Date</b>

**Please fax to 403-845-3198 or email bverhaeghe@rockymtnhouse.com once completed.**