



# REDWOOD COUNTY HIGHWAY DEPARTMENT TEMPORARY CLOSURE OF COUNTY ROAD PERMIT

1820 E. Bridge St.  
Redwood Falls, MN 56283  
co.redwood.mn.us

Phone (507) 637-4056  
Fax (507) 637-4068  
Email rchd@co.redwood.mn.us

## APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_

Representative of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

**Submit email or letter from the city supporting road closure.**

## CLOSURE INFORMATION

County Highway \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Please attach a route map if more than one County Highway will be used.**

Date(s) of Road Closure: \_\_\_\_\_ Time(s): \_\_\_\_\_

Purpose of Road Closure: \_\_\_\_\_

## ADDITIONAL INFORMATION

This permit does not in any way relieve the applicant of liability for damages caused to the road or resulting from traffic accidents that may in any way be related to the permit. All damages, claims, or adjustments shall be the responsibility of the party requesting and signing the permit. It is understood that the County Highway is to be restored to its original condition.

The applicant agrees to indemnify, hold harmless, and defend the County of Redwood and the State of Minnesota, its officials, agents, servants, and employees from payment of any sum or sums of money to any persons whomsoever, for all attorney fees, costs of investigation, and of defense, claims, actions, or suits growing out of injuries, including death, to persons or property damage caused by the applicant and/or applicant's employees act of temporarily closing the County Highway.

Road closure signs and barricades shall conform with the Mn/DOT Temporary Traffic Control Zone Layouts Field Manual. The County Highway Department will provide advice on appropriate barricades and signs. In case of an accident, the applicant agrees to contact the Redwood County Highway Department and assist in the completion of an accident investigation report.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

**APPROVAL BY REDWOOD COUNTY ENGINEER**

Approval is hereby given to \_\_\_\_\_

to temporarily close County Highway \_\_\_\_\_ as indicated above.

Signature Authorizing Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Redwood County Engineer