



Nassau County Traffic Management

Weekday Lane Closure Notification Form

This is NOT a lane closure permit application.

This form is NOT required for shoulder closures.

The purpose of this form is to avoid lane closure/roadwork conflicts and to establish a single list of all road/lane closures Countywide.

Please provide the information requested below as follows:

Company/Municipality: _____

Address: _____

Contact Name: _____

Phone: _____

Email: _____

Date of lane/road closure: _____
From To

Time: _____
From To

☐ 24 Hour Closure

Roadway(s): _____

Hamlet(s): _____

Extents: _____
From To

Direction: _____ Number of Lanes: _____

Purpose: _____

Nassau County Traffic Management
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Email: trafficmanagement@nassaucountyny.gov

PLEASE COMPLETE THIS FORM AND RETURN NO LATER THAN 3PM ONE DAY PRIOR TO CLOSURE.
MONDAY CLOSURES SHOULD BE SUBMITTED BY 3PM ON FRIDAY.