

## PENNDOT ROAD RESTRICTION FORM

PLEASE SEND COMPLETED FORM TO THE PENNDOT PRESS OFFICE AT THE EMAIL BELOW. LANE CLOSURES AND OTHER LANE RESTRICTIONS REQUIRE **5 DAYS' NOTICE**. FULL CLOSURES REQUIRE **2 WEEKS' NOTICE**. ALL FORMS SHOULD BE SUBMITTED BY THURSDAY MORNING FOR WORK PLANNED THE FOLLOWING WEEK. FAILURE TO SUBMIT THIS FORM IN A TIMELY MANNER MAY RESULT IN POSTPONEMENT OF WORK.

**E-MAIL:** [ra-pdd6press@pa.gov](mailto:ra-pdd6press@pa.gov)

Today's Date: \_\_\_\_\_

ECMS# \_\_\_\_\_  
(if project-related)

SR# \_\_\_\_\_ Section \_\_\_\_\_  
(if project-related)

Municipalities: \_\_\_\_\_  
*Indicate if Borough or Township*

County: \_\_\_\_\_

Name of Road: \_\_\_\_\_

Direction: \_\_\_\_\_

Between Where & Where: \_\_\_\_\_  
(use nearest intersections or interchanges only)

Type of Work: *(provide details)* \_\_\_\_\_

Type of Restriction: \_\_\_\_\_  
(lane closure, periodic lane closure, full closure, etc.)

If FULLY CLOSED will detour be in effect only during working hours or 24 hours? \_\_\_\_\_

Approved Detour Route: \_\_\_\_\_

Dates of Work: *(start & finish)* \_\_\_\_\_

Restriction Hours: \_\_\_\_\_  
(may differ from work hours, e.g. 9AM to 3PM, 8PM to 5AM, etc.)

Saturday and/or Sunday Work? \_\_\_\_\_

Name of Permittee *(who you're working for)* \_\_\_\_\_

Permit or Application Number if no ECMS#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Construction, Maintenance, Bridge and Highway Occupancy Unit(s) must notify the District Permit Office **10 "WORKING " days\*** (excluding holidays) before prohibiting **oversize/ overweight vehicles** from traveling through restricted area. Please submit PennDOT Form M-937R to Lizabeth Caceres, [lcaceres@pa.gov](mailto:lcaceres@pa.gov), 610-205-6792.