

Waushara County Highway Department  
 Application for permission to detour  
 County Trunk Highway traffic

Date of application -
Organization -

County road to be closed - _____	
From	To
Proposed temporary Route _____	
Name and address of authorized individual to whom the permit will be mailed  _____ _____ _____	Date of proposed Detour
	Time From                      To
	Reason for Detour

The above individual or organization hereby requests to close the marked route as described, during which time the above will provide a temporary route as designated in this application.

The above agrees to and will abide by the conditions listed on the reverse side of this application.

Signature of authorized official
Title

Approved by:	Date:
--------------	-------

Conditions: Permit to Detour County Trunk Highway Traffic

1. The Waushara County Highway Department shall erect and remove all signs for the detour selected and approved, and the applicant will reimburse the Department for all expenses incurred, unless otherwise provided in condition 4 below.

2. The applicant shall accept full responsibility for the use of the local roads and the streets on the temporary routing of the County Trunk Highway, and it shall make no claim against the County for its use.

3. The applicant shall minimize as much as practicable the duration of the closure of the County Trunk Highway, including providing for dispersal of all involved in areas removed from the Highway.

4. Additional conditions:

Copy to: