



REQUEST FOR TRAFFIC CONTROL

UCS LLC
377 Hutton Road
Elkton, MD 21921
Office: (410) 287-8800
Fax: (443) 715-2148

Customer Information

Company (name): _____ Date: _____
Address: _____
Requested by: _____ Phone Number: _____
Have you used UCS LLC before? YES NO

Project Information

Project Foreman (name): _____ Cell #: _____
Company's Job #: _____ Utility Permit # (if applicable): _____
Project Name: _____
Project Description: _____

Project Location: _____

Traffic Control Request is for: One day Multiple Days

Requested Date(s): From: _____ To: _____

On-Site Start Time: _____

- Operation Type (check all that apply):
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Daytime Operation | <input type="checkbox"/> Nighttime Operation | <input type="checkbox"/> Weekend Operation | <input type="checkbox"/> Sidewalk Closure |
| <input type="checkbox"/> Flagging Operation | <input type="checkbox"/> Turn Lane Closure | <input type="checkbox"/> Rolling Road Block | <input type="checkbox"/> Shoulder Closure |
| <input type="checkbox"/> Intersection | <input type="checkbox"/> Lane Merge | <input type="checkbox"/> Road Closure | <input type="checkbox"/> Detour |
| <input type="checkbox"/> Lane Shift | <input type="checkbox"/> Pilot Car | <input type="checkbox"/> Other _____ | |

Please attach Utility Permit (if applicable), an aerial map, and/or any addition project information that could be beneficial to us in providing you with exceptional service.

Fax this completed form and any attachments to **(443) 715-2148** or email to services.ucswbe@gmail.com
Any questions call: (410) 287-8800

UCS LLC ONLY	
Request Received (date): _____	Time: _____
Received and reviewed by (name): _____	
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason: _____