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## TRAFFIC ADVISORY

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To: CONB Police & Fire Department  
CONB Public Works Department  
CONB Public Information Office  
New Braunfels Independent School District  
Comal Independent School District  
New Braunfels Utilities

Issue Date: **Date**

Subject: **Road Closure/Lane Closure/Detour – Effectuated Roadway(s)**

Location: **Limits of effectuated area**

Time Frame: Start: **Tuesday, Date**  
End: **Friday, Date**  
Daily Closure Times: **9:00 am to 3:00 pm (or all day/night)**

**Lane closure – attach a proposed Traffic Control Plan**  
**Road closure – attach a proposed Detour plan**

Purpose  
/Need: **Project Name/Development/Purpose/Need (i.e. – work on utility connection . . . acceleration/deceleration lane)**

CONTACT: **Name / Phone Number / E-mail Address**