

Exhibit B
 Lane Closure Report

PROJECT REFERENCE:	PREPARED/SUBMITTED BY:	PROJECT INFO:
CONTRACTOR:	PRIMARY CONTRACTOR CONTACTS:	
LANE CLOSURE REQUEST FOR THE WEEK OF:	PRIMARY OWNER CONTACTS:	SPECIAL NOTES:

LINE ID NO.	DAY	DATE	ALLOWABLE TIMEFRAME	LOCATION OF CLOSURE	LANE(S) CLOSED	SHIFT (DAY/NIGHT)	APPROX CLOSURE LIMITS		APPROX STATION/ZONE	DIRECTION EB/WB	MHT REFERENCE NO.	DESCRIPTION OF WORK	FIELD CONTACT
							BEGIN	END					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
ATTACHMENTS:							COMMENTS:						