March 1, 2022

**TO:** Louis Feagans, Director  
Statewide Technical Services

**THRU:** [SecondaryReviewer], [Title]  
[Department]

**FROM:** [InitialReviewer], [Title]  
[Department]

**SUBJECT:** Interstate Highway Congestion Policy Exception Request   
[ProjectDescription]  
[Route] in the [Direction(s)] direction(s) from [Location] to [Location] (MM [n] to MM [n]) in [Counties]  
Contract No. [XX-nnnnn], Des. No. [nnnnnnn]

We have reviewed the attached policy exception request and concur with the analyses presented.

IHCP Allowable Closure: [IHCPPreapprovedClosureDescription]

Requested Closures: [ClosureDescription] of [Direction(s)] [Route], [ClosureSchedule]

Minimum Open Lanes: [n] lane(s) in [Direction(s)] direction will remain open during the closure period(s).

Anticipated Start of Closures: [ExpectedStartDate]

Expected Duration of Closure: [ExpectedDuration]

Lane Width: [LaneWidth] ft.

Shoulder Width: [ShoulderWidth] ft.

Type of barrier used: [BarrierType]

The analyses indicate that queue [within/outside] policy limitsis anticipated from this closure.

Policy Exception Approved:

Louis Feagans, Director Date

Statewide Technical Services

Enclosures: Policy Exception Request, Queue Analysis, [Attachments]

cc: [Name], Manager, Traffic Support Section, Indianapolis Traffic Management Center

[Name], Supervisor, Work Zone Safety Section, Indianapolis Traffic Management Center

[Name\*], Supervisor, Traffic Control Systems Section, Indianapolis Traffic Management Center

[Name], Director, Construction Division, [District] District

[Name], Director, Technical Services Division, [District] District

[Name], Director, Highway Maintenance Division, [District] District

[Name], Manager, Design, Production Division, [District] District

[Name], Manager, Traffic, Technical Services Division, [District] District

[Name], Project Manager, Production Division; [District] District

[Name], District Public Information Officer, [District] District

[FHWAContact\*]

[RequestPreparer\*]

[Others\*]

FIELD DESCRIPTIONS

*(Do not include this page in the submittal)*

Fields may be expanded to multiple lines as needed.

[ProjectDescription] Description of the type of project, work involved and location.

[Direction(s)] One or more of the following: northbound, southbound, eastbound or westbound.

[Location] Description of the location of relative to crossing roadways, crossing railways, crossing streams, entrance and exit ramps, etc.

[n] Number.

[Counties] County or Counties in which the project is located.

[XX-nnnnn] Contract Number

[nnnnnnn] Des Number

[IHCPPreapprovedClosureDescription] Preapproved closure listed in Table B-1 of the IHCP for the segment(s) covered by this exception request.

[ClosureDescription] [ClosureSchedule] Lanes, ramps or shoulders being closed, where and closure hours. For example:  
Single lane closure on southbound I-65, nighttime closures  
Full ramp closure on northbound I-65 at Exit 99, weekend closures  
Outside shoulder closure on westbound I-79, nighttime closures

[ExpectedStartDate] When the closure will first go into effect. For example:  
Monday night, May 1, 2017 at 9 PM  
Spring 2018

[ExpectedDuration] Length of time closures will be in effect. For example:  
For the duration of the contract.  
From March 2017 through June 2017

[LaneWidth] Lane width of open lanes.

[ShoulderWidth] Shoulder width provided for open lanes.

[BarrierType] Temporary Concrete Barrier, Construction Drums, etc.

[Attachments] List any other documentation being attached.

The provided distribution list is the minimum to include. The request preparer should be listed as well. Items with a (\*) are optional or depend on the nature of the closure.