Portable Dynamic Message Sign Approval Form

Title of DelDOT Contract or Event:

Requester's Name:
Requester's Phone Number:

24 Hour Emergency Contact Info: **Name**
Cell Phone No.

Start and End Date:
Start and End Time:
Location of Event - Town/City:
Units Requested (max 3 per sheet):

Specific Location of Units Requested:

Send Forms to the following:

Construction or maintenance activities are to work with the Project Manager and appropriate District Safety Officer:

South District: Vacant: June 1, 2025
Central District: Robert (Bobby) Johnson
Canal District: Curtis Davis
North District: Aaron Hickman

Planned special event activities contact:

Michael Rivera
Special Events Manager
Michael.Rivera@delaware.gov
169 Brick Store Landing Road
Smyrna, DE 19977
P: (302) 659-4080

Emergencies are to call the following:

Transportation Management Center (TMC)
tmc1@delaware.gov
169 Brick Store Landing Road
Smyrna, DE 19977
P: (302) 659-4600

***Message to be reviewed:**
(8 Characters per line max. - 3 Lines per Panel)

Unit #1 - Panel #1:

Panel #2:

Unit #2 - Panel #1:

Panel #2:

Unit #3 - Panel #1:

Panel #2:

Approved By: **Date:**

Additional Notes: