



Request #

Massport Capital Programs
State Police Detail Request Form

Please send this completed form to:
TMPRequests@massport.com
by 1500 on Tuesday for week starting following Saturday

General Information

Today's Date:

Requestor Name, Requestor Company, Requestor Contact Number, Requestor Email, CM Company Name, CM Contact Name, CM Email, CM Contact Number

Request Details

Resident Engineer, Contact #, Call Sign

Project Name, Assembly Point, On Site Contact Name, Project # OR WO#, Project Location, Contact #

Table with 9 columns: Day, Date, Start Time, End Time, Number of Details Requested, State Police Recommended, Details Provided by State Police, Detail Designation, TMP Provided by Ed Davis Group. Rows for Saturday through Saturday.

Description, Completed by CM, Completed by State Police, Completed by EDG

Backcharge to subcontractor? Yes NO Name of Subcontractor

Scope of Work: Please include lane closure information below
REQUIRED

CP& EA Use Only

Program Manager, Construction: Approval Signature

Approve Deny Amend

Company/Authority providing detail:

State police, Contact Name, Tel #
Representative on Site:

ED Davis, Contact name, Tel #
Representative on Site:

CC: MPA Project Manager
MPA Program Manager
MPA Resident Engineer

Revision 8/3/2022