

TEMPORARY ROAD CLOSURE PERMIT APPLICATION FORM

Please complete this form in BLOCK LETTERS and return to the Works Manager at the above address.

Organisational Details:

Name of Organisation: _____

Contact Person: _____

Address: _____

Phone/Mobile: _____

Email: _____

Event Details:

Name of Event: _____

Purpose for road closure: _____

Location / Township: _____

Street names to close: _____

(Please provide map _____

showing details of _____

proposed signage _____

and/or controls) _____

Proposed dates of Closure:

From: / /

To: / /

Start time: am/pm

Finish Time: am/pm

Applicants Signature: _____ Date: ____/____/____

Please fill out a special event permit if the road closure is for a public event