

APPLICATION FOR ROAD CLOSURE (TEMPORARY)

FEE: \$113.00

Name of organisation:		
Address:		
Name of responsible person:		
Address:		
Telephone:	Email:	
Date of proposed event:		
Place of proposed event / which roads need closing:		
Description of proposed event:		
Time of proposed event:		
Time of proposed road closure:		
Why is this road closure necessary?		
Is the road to be closed a highway / main road / local road?		
Have residents who will be effected by the road closure been notified?		
Have trained traffic controllers been arranged?		

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

A COPY OF YOUR	R ORGANISATION'S	PUBLIC LIABILITY COVER

NAME OF VICROADS' OFFICER NOTIFIED OF THIS PROPOSED EVENT IF ON A HIGHWAY OR MAIN ROAD

 \Box

NAME OF POLICE OFFICER NOTIFIED OF THIS PROPOSED EVENT

A COPY OF YOUR SITE PLAN FOR THIS PROPOSED EVENT

If your application for road closure is approved, there will be a number of conditions imposed that must be complied with.

I ______ as the responsible person named in this application, agree on behalf of the above organisation to abide by all conditions imposed on the approval of this application.

Signed: Date: