

**TEMPORARY TRAFFIC MANAGEMENT
(INCLUDING THE PLACING OF NO WAITING CONES)**

Please complete this form and return it to: info@islandroads.com

APPLICANT	
Name:	
Address:	
Post Code:	
Telephone:	
Mobile:	
Email:	

SITE CONTACT DETAILS -	
Name:	Mobile No:

LOCATION DETAILS

ROAD NAME & No:
EXACT LOCATION:
TRAFFIC MANAGEMENT REQUIRED:

DATES AND TIMES

FROM:	DAY & DATE:	TIME:
TO:	DAY & DATE:	TIME:

**NOTE: A MINIMUM OF £5 MILLION PUBLIC LIABILITY INSURANCE IS REQUIRED WHEN
SIGNS/CONES/BARRIERS ETC ARE PLACED ON THE PUBLIC HIGHWAY. PLEASE**

ROAD CLOSURE CHARGE:	TBC
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PROVIDE A COPY OF YOUR PUBLIC LIABILITY INSURANCE CERTIFICATE.

DECLARATION

**I HEREBY APPLY FOR PERMISSION TO PLACE SIGNS/CONES ETC ON THE PUBLIC HIGHWAY THAT WILL
HAVE AN IMPACT ON TRAFFIC/PEDESTRIAN MOVEMENTS. I ALSO AGREE TO COMPLY WITH THE
NECESSARY CONDITIONS REQUIRED BY ISLAND ROADS.**

SIGNATURE.....DATE.....