

**APPLICATION TO REQUEST A
TEMPORARY LANE CLOSURE RESTRICTION**

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:
PURPOSE OF LANE CLOSURE RESTRICTION:
REASONS AS TO WHY A LANE CLOSURE RESTRICTION CANNOT BE AVOIDED:

DATES AND TIMES

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

A MINIMUM OF SEVEN DAYS NOTICE IS NECESSARY BEFORE A LANE CLOSURE CAN BE EXPECTED

DECLARATION

I HEREBY APPLY FOR PERMISSION TO REQUEST A LANE CLOSURE RESTRICTION ON THE HIGHWAY AND AGREE TO COMPLY WITH THE NECESSARY CONDITIONS REQUIRED BY THE ISLAND ROADS.

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