

APPLICATION TO REQUEST A TEMPORARY CLEARWAY ORDER

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 CLEARWAY ORDER
REASONS AS TO WHY CLEARWAY ORDER CANNOT BE AVOIDED:

DATES AND TIMES

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

28 DAYS NOTICE MUST BE GIVEN BEFORE CLEARWAY ORDER CAN BE EXPECTED.

CLEARWAY ORDER CHARGE	£657.16 INC VAT
-----------------------	------------------------

DECLARATION

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

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