

**TEMPORARY REVOCATION OF PROHIBITION OF DRIVING ORDER**

Please complete this form and return it to: [info@islandroads.com](mailto:info@islandroads.com)

<b>APPLICANT</b>	
Name:	
Address:	
Post Code:	
Telephone:	
Mobile:	
Email:	

<b>SITE CONTACT DETAILS</b>	
Name:	Mobile No:

**LOCATION DETAILS**

ROAD NAME & No:
EXACT LOCATION:

**DATES AND TIMES**

<b>FROM:</b>	DAY & DATE:	TIME:
<b>TO:</b>	DAY & DATE:	TIME:

THE REVOCATION OF PROHIBITION OF DRIVING ORDER IS IN CONNECTION WITH A ROAD CLOSURE ORDER. A MINIMUM OF 28 DAYS NOTICE IS REQUIRED BY ISLAND ROADS ONCE THE APPLICATION IS APPROVED.

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REVOCATION ORDER CHARGE:	<b>£657.16 INC VAT</b>
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**DECLARATION**

I HEREBY APPLY FOR PERMISSION TO REQUEST A TEMPORARY REVOCATION OF PROHIBITION OF DRIVING ORDER IN CONNECTION WITH A ROAD CLOSURE ORDER.

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