

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

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

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|------------------|--|
| 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**

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| TEMPORARY TRAFFIC MANAGEMENT CHARGE: | TO BE CONFIRMED ON APPLICATION |
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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.....