



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

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

**DATES AND TIMES**

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

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

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**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.....