

APPLICATION TO REQUEST A PROHIBITION OF DRIVING ORDER

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

APPLICANT	
Name:	
Address:	
Post Code:	
Telephone:	
Mobile:	
Email:	

EVENT ONSITE CONTACT DETAILS	
Name:	Mobile No:

LOCATION DETAILS

ROAD NAMES & Nos:
NAME OF EVENT:
REASONS AS TO WHY ROAD CLOSURE CANNOT BE AVOIDED: The restriction is necessary for road/pedestrian safety.
ESTIMATED NUMBER OF PERSONS ATTENDING EVENT:

DATES AND TIMES

1	DAY & DATE:	TIME:
2	DAY & DATE:	TIME:

A MINIMUM OF 3 MONTHS NOTICE MUST BE GIVEN BEFORE A ROAD CLOSURE CAN BE EXPECTED.

ROAD CLOSURE CHARGE:	£657.16 INC VAT
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DECLARATION

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

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

NOTE: A MINIMUM OF £5 MILLION PUBLIC LIABILITY INSURANCE IS REQUIRED FOR ALL EVENTS THAT TAKE PLACE ON THE PUBLIC HIGHWAY.PLEASE FILL IN AND RETURN THIS FORM TOGETHER WITH A COPY OF YOUR PUBLIC LIABILITY INSURANCE CERTIFICATE.

ISLAND ROADS RECEIVED/APPROVED	DATE
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