

## **APPLICATION TO REQUEST A TEMPORARY 30MPH SPEED RESTRICTION**

Please complete this form and return it to: <a href="mailto:info@lslandRoads.com">info@lslandRoads.com</a>

APPLICANT	$\neg$
Name:	$\dashv$
Address:	
Post Code:	
Telephone:	_
Mobile:  Email:	-
Linaii.	
SITE CONTACT DETAILS	
Name: Mobile No:	
LOCATION DETAILS	
ROAD NAME & No:	
EXACT LOCATION:	
PURPOSE OF SPEED RESTRICTION:	_
REASONS AS TO WHY THE SPEED RESTRICTION CANNOT BE AVOIDED:	_
THE AGOING THE WITH THE GIVED REGISTROSTICS OF ANY OLD ED.	
DATES AND TIMES	
FROM: DAY & DATE: TIME:	
TO: DAY & DATE: TIME:	
A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED BY ISLAND ROADS BEFORE RESTRICTION A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED BY ISLAND ROADS BEFORE A TRAFFIC ORDER CAN START FOR PROGRAMMED WORKS FROM THE DATHE APPLICATION IS APPROVED. THE APPLICANT SHOULD ALLOW TIME FOR TAPPLICATION TO BE APPROVED AND THE START DATE OF THE RESTRICTION MEDEPEND ON OTHER PROGRAMMED WORKS IN THE AREA. IN CASES OF EMERGENCY OR URGENT WORKS WRITTEN PERMISSION MUST BE OBTAINED FIR BY EMAILING THE ABOVE ADDRESS.	DS TE HE AY
TTRO CHARGE £1500 INC VAT	
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DECLARATION	
I HEREBY APPLY FOR PERMISSION TO REQUEST A TEMPORARY TRAFFIC ORDER OF THE HIGHWAY AND AGREE TO COMPLY WITH THE NECESSARY CONDITION REQUIRED BY ISLAND ROADS.	
SIGNATUREDATE	