

TEMPORARY REVOCATION OF ONE-WAY RESTRICTION

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

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Name:					
Address:					
Post Code:					
Telephone:					
Mobile:					
Email:					
CITE CON	FACT DET All C				
	Name: Mobile No:				
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LOCATION DETAILS					
ROAD NAME & No:					
EXACT LO	CATION:				
PURPOSE	PURPOSE OF RESTRICTION:				
REASONS AS TO WHY THE RESTRICTION CANNOT BE AVOIDED:					
		DATE	S AND TIMES		
FROM:	DAY & DATE:			TIME:	
TO:	DAY & DATE:			TIME:	
A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED BY ISLAND ROADS BEFORE AT TRAFFIC ORDER CAN START FOR PROGRAMMED WORKS FROM THE DATE THE APPLICATION IS APPROVED. THE APPLICANT SHOULD ALLOW TIME FOR THE APPLICATION TO BE APPROVED AND THE START DATE OF THE RESTRICTION MAY DEPEND ON OTHER PROGRAMMED WORKS IN THE AREA. IN CASES OF AN EMERGENCY OR URGENT WORKS WRITTEN PERMISSION MUST BE OBTAINED FIRST BY EMAILING THE ABOVE ADDRESS.					
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