

APPLICATION TO REQUEST A TEMPORARY PARKING RESTRICTION

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

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

SITE CONTACT DETAILS	
Name:	Mobile No:

LOCATION DETAILS

ROAD NAME :
EXACT LOCATION / DISTANCE:
REASON FOR RESTRICTION:
REASONS TO WHY THE REQUEST FOR PARKING RESTRICTIONS CANNOT BE AVOIDED:

DATES AND TIMES

FROM:	DAY & DATE:	TIME:
TO:	DAY & DATE:	TIME:

A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED BY ISLAND ROADS BEFORE A PARKING RESTRICTION CAN BE PROGRAMMED FROM THE DATE THE APPLICATION IS APPROVED.THE APPLICANT SHOULD ALLOW TIME FOR THE APPLICATION TO BE APPROVED AND THE START DATE 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.

ROAD CLOSURE CHARGE:	£657.16 INC VAT (£104-29-ADVERTISING CHARGE IS SUBJECT TO VAT @ 20%)
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DECLARATION

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

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