

APPLICATION TO REQUEST A PATH CLOSURE

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

PATH NAME & No:
PURPOSE OF CLOSURE:
REASONS AS TO WHY A PATH CLOSURE 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 PATH CLOSURE CAN START FROM THE DATE THE APPLICATION IS APPROVED. THE APPLICANT SHOULD ALLOW TIME FOR THE APPLICATION TO BE APPROVED AND THE START DATE OF THE CLOSURE MAY DEPEND ON OTHER PROGRAMMED WORKS IN THE AREA. IN CASES OF AN EMERGENCY WRITTEN PERMISSION MUST BE OBTAINED FIRST BY EMAILING THE ABOVE ADDRESS.

PATH CLOSURE CHARGE:	£1634 INC VAT
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DECLARATION

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

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