



APPLICATION TO REQUEST A ROAD 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

ROAD NAME & No:
EXACT LOCATION:
REASON FOR CLOSURE:
REASONS AS TO WHY ROAD 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 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.

TTRO CHARGE:	£1634 INC VAT
UTILITY COMPANY PO NUMBER	PO

DECLARATION

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

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