

Temporary Road Closure Application

Event Management: Event Form 4



1. CONTACT DETAILS

Name of applicant: _____
(Organisation)

Contact Person: _____

Phone: _____ Email: _____

Address: _____

Name of Event: _____

Date of Event: _____

Name of Road/s to be closed
(enclose map if necessary) _____

Time: From _____ am / pm – to _____ am / pm

Council must exempt participants from relevant Australian Road Rules during the event. In order for that Council may assess which exemptions to grant, please indicate whether:

- Pedestrians will be involved YES / NO
- Motor vehicles will be involved YES / NO
- Arranged Accredited Person YES / NO

Signed for and on behalf of the event Organiser:

Name: _____ Date: _____

Position: _____ Signature: _____

2. COUNCIL AUTHORISATION

COUNCIL USE ONLY

Signed: _____ Date: _____

Position: _____

ICS: _____ Date: _____

Action Required:

