

# Temporary Road Closure Application



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Event Management: DCBW Event Form 4

## 1. CONTACT DETAILS

Name of applicant:

(Organisation) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

(i.e. CFS/Council staff) to erect sign

WZTM Licence 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:**

\_\_\_\_\_  
\_\_\_\_\_