



APPLICATION FOR TEMPORARY ROAD CLOSURE FOR AN EVENT

1. CONTACT DETAILS

Name of Applicant (Organisation): _____

Address: _____

Contact Person: _____

Phone: _____ Mobile: _____

Name of Event/Purpose of Road Closure: _____

Name of Road/s to be closed (include details of partial closures, e.g. West Street between South Street and North Street – enclose map if necessary) Township: _____

Street Name/s: _____

Date of Proposed Road Closure: (include day, e.g. Saturday 8th March 2013) _____

Time: From _____ am/pm - To _____ am/pm

Council must exempt participants from relevant Australian Road Rules during the event. In order 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 (ie CFS/Council staff) to erect signage. Yes No
 (Name of person/s erecting signage) WZTM Licence No _____

Signed for and on behalf of the event organiser:

Name _____
 Position _____

Date: _____
 Signature: _____

File Number: _____
Record Number: _____

2. COUNCIL AUTHORISATION

COUNCIL USE ONLY

Associated Event Application Number _____

Signed _____ Date: _____

Position _____

Works Staff Notified _____ Who: _____

Initial