

# APPLICATION FOR ROAD CLOSURE



Name of applicant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's reference: \_\_\_\_\_

Applicant's ABN: \_\_\_\_\_ Date of Commencement: \_\_\_\_\_

Specify Period: \_\_\_\_\_

Road to be closed: \_\_\_\_\_

Purpose for Road Closure: \_\_\_\_\_

Details (Please attach Traffic Control & Site Plan and additional documentation)

Applicant/s Signature: \_\_\_\_\_ Date: / /

Office Use Only			
Fee Paid:	Receipt No:	Signature:	Date: / /

### PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information . Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.