

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.