



Date Received

Passed To

Reference Number

Application for a Temporary Restriction in any Public Road

Please note that this form can be completed electronically and submitted by e-mail. This is our preferred method of receipt.

Please provide a minimum of 4 weeks notice.

Please complete **all** sections of this form and return it to: Traffic Regulation Officer, Roads & Transportation, Clackmannanshire Council, Kilncraigs, Greenside Street, Alloa. FK10 1EB.

1. Applicant's Details

Contact Name

Company Name

Address

Town

Post Code

Phone Number

Fax Number

E-mail

2. Location and Time of Road Closure

Duration of Closure

Emergency Works

Less than 5 days

More than 5 days

Please describe the location where the road is to be closed

Dates of Closure

From

To

Time of Closure

From

To

Please describe the reason why the road is to be closed

Is a location plan enclosed with this application?

Yes

No

3. Other information

Has signage been passed to, or agreed by Council?

Yes No

If the Applicant proposes to erect and maintain the traffic signs, two emergency contacts must be provided.

Emergency Contact

Phone Number

Emergency Contact

Phone Number

Have the affected properties been informed?

Yes No

Is signage required to be supplied by Council (this may be charged)?

Yes No

Are any cones to be supplied by Council (this may be charged)?

Yes No

If signage and cones are required please contact:

Roads Contract Manager, Kelliebank Depot, Kelliebank, Alloa FK1 1NT

Tel: (01259) 450 000

Other Comments

4. Signature

Signature

Print Name

Position in organisation

Date

Please return the completed application form to:

Roads and Transportation
Clackmannanshire Council
Kilncraigs
Greenside Street
Alloa
FK10 1EB

roads@clacks.gov.uk
www.clacksweb.org.uk
Tel.: (01259) 450 000
Fax: (01259) 727 451