



APPLICATION FOR TEMPORARY ROAD CLOSURE

APPLICATION INFORMATION

OVERVIEW:

Please include a proof of appropriate liability insurance cover (if applicable).

This road closure application form must be completed and submitted **21 days prior** to the proposed event/activity. A cost may incur as advertisement of road closure is required by Council.

SECTION 1: CONTACT DETAILS

Name of applicant: _____

Postal Address: _____

Contact Person: _____

Contact Number: _____

Email: _____

SECTION 2: ROAD CLOSURE DETAILS

Event Name: _____

Requested Road(s) to be closed:

- Murray Avenue between the Renmark Club Car Park Exit and Para Street
- Murray Avenue between the Renmark Club Car Park Exit and Pyap Street
- Other (please specify): _____

Closure Date: _____

Closure Times: _____

Reason for closure: _____

SECTION 4: OFFICE USE ONLY

Received Date: _____

Road Owner:

STATE

COUNCIL

Application Status:

APPROVED

REJECTED

Comments: _____

Council Officer Signature: _____

Date: _____

Request to SAPOL

Emergency Services advised

Applicant advised

Affected businesses advised (if applicable)

Print Media Notification

Infrastructure Staff Advised

Social Media Notification