

PRINCIPAL OFFICE:
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| APPLICATION FOR TEMPORARY ROAD CLOSURE | SF105 |
| | Responsible Officer: Operations Manager |
| | Issue Date: 07.05.2014 |
| | Next Review Date: May 2016 |

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| Name of Applicant (Organisation): | | | |
| Address: | | | |
| Name of Representative making application: | | | |
| Contact Details | Phone: | Fax: | Email: |
| Date of Proposed Road Closure: (include day, eg. <u>Saturday</u> 8 th March 2003) | | | |
| Time: | | From _____ am/pm to _____ am/pm | |
| Name of Event / Purpose of Road Closure: | | | |
| Name of Road/s to be closed (include details of partial closures, eg West Street between South Street and North Street – please enclose map): | | Township: | |
| | | Street Name/s: | |
| | | | |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Motor vehicles will be involved | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Accredited Person arranged to erect signage (name of person/s erecting signage) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Copy of accreditation enclosed | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Signature of Applicant: | | Date: | |