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## TEMPORARY ROAD CLOSURE PERMIT APPLICATION FORM

Please complete this form in BLOCK LETTERS and return to the Works Manager at the above address.

### Organisational Details:

Name of Organisation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Details:

Name of Event: \_\_\_\_\_

\_\_\_\_\_

Purpose for road closure: \_\_\_\_\_

\_\_\_\_\_

Location / Township: \_\_\_\_\_

Street names to close: \_\_\_\_\_

(Please provide map \_\_\_\_\_

showing details of \_\_\_\_\_

proposed signage \_\_\_\_\_

and/or controls) \_\_\_\_\_

### Proposed dates of Closure:

From: / / To: / /

Start time: am/pm Finish Time: am/pm

Applicants Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*Please fill out a special event permit if the road closure is for a public event\***