

**Application for Temporary Road Closure
Under the Town Police Clauses Act 1847 (TPCA)**

APPLICANT CONTACT DETAILS	
Organisation Name	
Address	
Authorised Contact Name	
Email Address	
Telephone Number	
TEMPORARY CLOSURE/RESTRICTION DETAILS	
Name of Road (s) Affected	
Town/Parish	
Section of Highway to be Closed	From:
	To:
(Please provide location plan showing extent of proposed closure)	
Proposed Diversion Route (if available)	
Proposed Closure Date (s)	Start Date: End Date:
Proposed Closure Times	Start Time: End Time:
Event Name/Reason for Closure	
Frequency of Event	
DECLARATION	
<p>I declare that the section of road (s) detailed in this application needs to be closed to facilitate the event, which cannot be carried out whilst maintaining traffic flow. I declare that I have consulted and discussed this closure with those likely to be affected and agree to provide, maintain and then remove all signing for the closure. I further agree that the applicant will provide and appoint any necessary traffic marshals or other supervision required by Three Rivers District Council on such terms as it may require and at the applicant's cost and I warrant that I am authorised to make this application in these terms on the applicant's behalf.</p>	
Signed:	Date:
<p>Please send this completed form and any accompanying documents addressed to the <i>Head of Regulatory Services</i>, either:</p> <ul style="list-style-type: none"> - By email to enquiries@threeivers.gov.uk, or - By post to: Three Rivers House Northway Rickmansworth WD3 1RL 	