

# Application Form



## Temporary Closure of a Public Right of Way

Section 14 Road Traffic Regulation Act 1984

Name of applicant/company.....  
Address.....  
.....  
Postcode.....  
Designated contact name and telephone number.....  
Email address.....

### Details of route to be closed.

Parish.....  
Status and route number.....  
Is this an extension to a current closure? Yes      No

Reason for initial closure/extension of closure  
.....  
.....  
.....

Details of section to be closed, including grid references.....  
.....  
.....

Will there be an alternative route available? (If yes please describe)  
.....  
.....  
.....

Period of Closure: From.....To.....

**I have read and do hereby agree to the terms and conditions laid down in the guidance notes and agree to pay the full costs associated with the relevant closure.**

Print name.....

Signature of applicant .....

Designation.....

Date.....