



HIGHWAYS AND TRANSPORTATION

APPLICATION FOR A 5 DAY CLOSURE FOR WORKS ON A PUBLIC RIGHT
OF WAY.

(s. 15/7 ROAD TRAFFIC REGULATION ACT 1984)

Parish/Town of: _____

Path No. (if known: _____

Exact location: _____

Expected duration of closure: _____

Reason for closure: _____

Name of Applicant: _____

(BLOCK LETTERS)

Signature of Applicant: _____

Date: _____ Tel. No.: _____

Name and address of applicant's organisation: _____

Postcode: _____

1. The applicant must append a **plan** showing the length of Public Right of Way to be closed in red, together with the recommended diversion routes in yellow.
2. Please enclose a cheque for the administrative cost of £100.00 made payable to Herefordshire Council.

Return to: County of Herefordshire District Council
Transportation Unit (Rights of Way)
PO Box 236
HEREFORD
HR4 0WZ