

**CARLOW COUNTY COUNCIL**

**Application for Temporary Road Closure**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I/We wish to apply for a temporary road closure for the following period:

Proposed Start date \_\_\_\_\_

Proposed End Date \_\_\_\_\_

for the purpose of:

\_\_\_\_\_  
\_\_\_\_\_

Location of Proposed Road Closure (please attach copy O.S. area map scale 1:1000)

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE DETAILS**

Anyone who applies for temporary road closure will be required to have Public Liability Insurance.

**Insurance Company:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**(N.B. Level of Public Liability Cover required: €6.4 million)**

Signed: \_\_\_\_\_

Date \_\_\_\_\_