 Warwick District Council

Riverside House

Milverton Hill

Royal Leamington Spa

CV32 5HZ

**Email** events@warwickdc.gov.uk

**Tel** 01926 456012

**Road Closure Application Form**

APPLICATION FOR A ROAD CLOSURE
 TO HOST AN EVENT IN WARWICK DISTRICT

Please note that as well as completing this application form, the Events Team may wish to meet you to discuss the details of your event.

The design of this form is to give an overview of your proposed road closure. Following this form, a full Traffic Management Plan must be submitted by a Chapter 8 qualified company/individual.

The completion of this form is necessary in order for the District Council to process your road closure. We will not be able to make a decision about your application without a completed copy.

**Send this completed form to** **events@warwickdc.gov.uk** **at least 3 months in advance of your event date.**

The personal data contained in your event documents will only be shared with relevant consultees with whom the Council works, to close roads and ensure that the necessary consents are in place.

Your personal data will be kept for 7 years and will be securely destroyed after this time.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council’s main Privacy Notice on: [Warwick District Council's website](http://www.warwickdc.gov.uk/).

For the Data Controller and Data Protection Officer’s contact details and further information please see the Council’s main Privacy Notice on: [Warwick District Council's website](http://www.warwickdc.gov.uk/).

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| **Road Closure**  |
| **Your name** |       |
| **Date of closure** |      /     /      |
| **Start and finish times of closure**  | Start       Finish       |
| **Roads you are requestingto close**  |       |
| **Please provide brief details of what is taking place within your event**Please add in any other relevant information, to help us understand your proposed road closure/s. |       |
| **Expected attendance** |       (per day) |
| **Traffic Management Company/individual** |       |

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| **Contact information** |  |
| **Name of Organisation** |       |
| **Name of Event Organiser/ person responsible** |       |
| **Address** |       |
| **Telephone number** |       |
| **Alt. telephone number** |       |
| **Email** |       |
| **Name of any person/s who are responsible on the day(s) and how to contact them** |  |
| **Name** | **Mobile phone** |
|       |       |
|       |       |
|       |       |
| **Signed** |      **Responsible Person or Authorised Agent(s)** |
| **Date** |      /     /      |