

**BOLSOVER DISTRICT COUNCIL**

**REQUEST FOR TEMPORARY ROAD CLOSURE**

**Name of Organisation:**

Name of Main Contact:

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Address:

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Daytime Telephone No:

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Description of Event:

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Stewarding Arrangements

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Date:

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Roads to be closed:

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Times of Closure:

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**I HEREBY CONFIRM THAT THE REQUIREMENTS/CONDITIONS OVERLEAF, WHICH ARE STANDARD CONDITIONS SPECIFIED BY THE DERBYSHIRE COUNTY COUNCIL, AND ANY OTHER ADDITIONAL CONDITIONS WHICH MAY BE SUBSEQUENTLY IMPOSED PERTAINING TO THIS EVENT HAVE BEEN OR WILL BE CARRIED OUT WHERE NECESSARY AND WILL BE ADHERED TO DURING THE SAID EVENT.**

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

Dated: \_\_\_\_\_

**RDCLFORM**