Shire of Halls Creek 71 Thomas Street PO Box 21 Halls Creek, WA 6770 Email: hcshire@hcshire.wa.gov.au Fax: 08 9168 6235 Ph: 08 9168 6007

Name of Organization:



## **Application for TEMPORARY Road Closure Permit**

- The completed permit must be mailed to the Shire office at the above address, faxes are acceptable as well.
- The request must be received by the Shires office at least one week prior to the requested date of road closing.
- The event will be carried out in accordance with all shire by-laws, special conditions and/or controls deemed necessary by the Shire of Halls Creek. Any violation of this condition shall be sufficient cause for the Shire to stop the event and revoke the permit.
- This permit does not relieve applicant from meeting any applicable requirements of law of other public bodies or agencies.

Contact Person:	Phone:
	E-mail:
Address:	Post Code
Describe the purpose/reason for the a (Shall not be for private commercial activities such as a	
Name and location of street(s) reques	sted to be closed:
Date of requested road closure:	Time of Closure:to (Cannot exceed 24 hours) am/pm am/pm
	counding neighborhoods and residents of the road closu

**Applicant's Signature** 

Date