

## TEMPORARY TRAFFIC ORDER DETAILS

Information sheet to be submitted to Network Management

	Temporary Traffic Order Details
<b>Name of Applicant: (if not the Contractor)</b>	
<b>Name &amp; Address of Contractor:</b>	
<b>Contact Person and telephone number:</b>	
<b>Name of Road:</b>	
<b>Exact Location of Actual Length of Road to be Closed:</b>	
<b>Reason For Closure:</b>	
<b>Alternative Routes for Vehicles &amp; Pedestrians:</b>	
<b>Starting Date:</b>	
<b>Duration of Closure:</b>	

<b>Signed:</b>		<b>Date:</b>	
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### Comments -

Please email this information with a detailed plan showing the exact location of closure and the proposed diversion route.