

TEMPORARY ROAD CLOSURE

CONSENT FROM RESIDENTS / BUSINESSES AFFECTED BY THE EVENT



EVENT: _____

ROADS AFFECTED: _____

PERIOD OF CLOSURE: Date: _____

Times: _____

We, the following residents, have been consulted about the above event being held.

Delete One

AGREE _____
DISAGREE Full Name _____ Address _____ Signature _____

AGREE _____
DISAGREE Full Name _____ Address _____ Signature _____

AGREE _____
DISAGREE Full Name _____ Address _____ Signature _____

AGREE _____
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AGREE _____
DISAGREE Full Name _____ Address _____ Signature _____

AGREE _____
DISAGREE Full Name _____ Address _____ Signature _____

This form must be submitted to Council prior to the objection closing date of: _____