



## Application for Temporary Road Closure

Contact Name: \_\_\_\_\_  
Committee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Application Details – Event Information

Event Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Application Details – Road Closure Information

Date & Period of Closure: \_\_\_\_\_  
Roads to be Closed: \_\_\_\_\_  
The Alternative Routes: \_\_\_\_\_  
\_\_\_\_\_

Confirm you have your maps enclosed: \_\_\_\_\_  
Confirm you are aware of the advertising costs: \_\_\_\_\_

### INSURANCE DETAILS

Anyone who applies for temporary road closure will be required to have Public Liability Insurance

Insurance Company: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

N.B. Level of Public Liability Cover required: €6.4 million indemnity to Leitrim County Council, all applications, including valid insurance and indemnity documents must be received at least eight weeks prior to proposed road closure.

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