

# Road Closure



## Application - Allow 10 working days to process this application

**FORM B**

Please send to [info@alburycity.nsw.gov.au](mailto:info@alburycity.nsw.gov.au)

For further information please contact:

Robert Lockhart

P: 02 6023 8758

E: [rlockhart@alburycity.nsw.gov.au](mailto:rlockhart@alburycity.nsw.gov.au)

W: [www.alburycity.nsw.gov.au](http://www.alburycity.nsw.gov.au)

The applicant or authorised representative at their own expense is required to contact all service providers and adjoining property owner(s) / occupier(s) and affected businesses and consult of proposed traffic disruption. The activity must be advertised a minimum one (1) week before activity commences.

Date Closed: / / 18	Road Name:	Date Reopened: / /	
<b>Albury Ambulance</b>		PH 131233	
Person contacted:	Date:	Time:	<input type="checkbox"/> E-mail
Position:	Comments:		<input type="checkbox"/> Phone
<b>Albury Police (Highway Patrol)</b>		PH 02 6023 9299	
Person contacted:	Date:	Time:	<input type="checkbox"/> E-mail
Position:	Comments:		<input type="checkbox"/> Phone
<b>NSW Fire Brigade</b>		PH 02 6021 3174	
Person contacted:	Date:	Time:	<input type="checkbox"/> E-mail
Position:	Comments:		<input type="checkbox"/> Phone
<b>Border Mail (General inquiries)</b>		PH 02 6024 0555	
<input type="checkbox"/> Advertisement must be on a Saturday or Wednesday a minimum 1 week before works.			
<b>Albury &amp; Wodonga Taxis</b>			
<input type="checkbox"/> Albury Taxi (02 60 401 331)		<input type="checkbox"/> Wodonga Taxi (02 60 243 444)	
<b>Dysons Bus Service</b>		PH 02 6056 3100	
Person contacted:	Date:	Time:	<input type="checkbox"/> E-mail
Position:	Comments:		<input type="checkbox"/> Phone
<b>Martins Albury coach@martinsalbury.com.au</b>		Ph 02 6040 4400	
Person contacted:	Date:	Time:	<input type="checkbox"/> E-mail
Position:	Comments:		<input type="checkbox"/> Phone
<b>Cleanaway</b>		PH 0260 244 590	
Person contacted:	Date:	Time:	<input type="checkbox"/> E-mail
Position:	Comments:		<input type="checkbox"/> Phone
<b>Adjoining property owner(s) / occupier(s) and affected businesses</b>	<input type="checkbox"/> Is access affected <input type="checkbox"/> Any special arrangements required (List below) <input checked="" type="checkbox"/> Notice forwarded to residences must be attached to this application		

I acknowledge the above have been contacted

Signature of Authorised representative of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

<input type="checkbox"/> FORM A - CONDITIONS HAVE BEEN MET	<input type="checkbox"/> FORM C - SPEED ZONE APPLICATION IS REQUIRED.
<input type="checkbox"/> FORM B - CONDITIONS HAVE BEEN MET	
<input type="checkbox"/> APPLICANT IS AUTHORISED TO PROCEED WITH APPROVED ACTIVITY WITHIN ROAD RESERVE.	
Not approved until signed by authorised representative of AlburyCity: _____ Date: _____	