Portable Traffic Signals

Application - Allow 2 working days to process this application

Please send to info@alburycity.nsw.gov.au

For further information please contact:

Robert Lockhart

P: 02 6023 8758 E: rlockhart@alburycity.nsw.gov.au W: www.alburycity.nsw.gov.au

Applicant Name: _____ Business Name: _____

(Please print)

Applicant Signature: _____ Date: _____

(DMY)

Phone: _____ Email: _____

(24Hr Contact)

Location

Road Name: _____ Mode of Operation: ._____.

From (Cross Street): _____ Distance: _____ Direction: _____

To (Cross Street): _____ Distance: _____ Direction: _____

Proposed Commencement Date: _____ Time: _____

Proposed Completion Date: _____ Time: _____

Daily Operating Times: _____ To _____

Mode of Operation - Codes

MAN-1 Manual Shuttle **MAN-2** Manual two-way **VA** Vehicle-activated shuttle **FT** Fixed-time shuttle **FA** Flashing amber

Approval Office Use Only

- ☐ **FORM A - CONDITIONS HAVE BEEN MET AND IS APPROVED.**
- ☐ **FORM C - SPEED ZONE APPLICATION IS APPROVED.** ☐ **FORM C IS NOT APPLICABLE.**
- ☐ **APPLICANT IS AUTHORISED TO PROCEED WITH APPROVED ACTIVITY WITHIN ROAD RESERVE.**

Not approved until signed by authorised representative of AlburyCity _____ Date: _____

RECORD OF USE

Date	Start Time (12Hr time)	End Time (12Hr time)	Supervisor (Print)	Signature

AlburyCity

RECORD OF USE

Road Name:_____

Date	Start Time (12Hr time)	End Time (12Hr time)	Supervisor (Print)	Signature