

**Application for Temporary Traffic Diversion**  
Town Police Clauses Act 1847: Section 21



Name of Applicant

Address of Applicant

Daytime Telephone No.  Registered Charity No.   
(if any)

Email address

Date/s and Time/s of required diversion

Details/Names of all roads to be closed (Map of roads must accompany this application)

Reason for diversion request

Proposed diversion route (Map of roads must accompany this application)

Details of proposed signage and barriers together with locations  
(Map of proposed signage and barriers must accompany this application)

Signed: ..... Dated:.....