

Event on the Highway
Traffic Management Act 2004



A minimum of 3 months notice is required
Applicant's contact details
Mr/Mrs/Ms Surname: First name:
Company/Organisation:
Name of person in overall control of the event:
Address:
..... Postcode:
Tel No: Fax No: Email:
Emergency contact details
24hr contact name: Tel No:
Fax No: Email:
Event details
Name of event:
Location of event:
Date(s) and time of event:
Preferred route (please enclose map). Confirmed route to be finalised following site meeting with organiser, Area Traffic Engineer (Wigan Council) and Professional Traffic Management (if required).
Anticipated attendance
Number:
How frequent is the event?
A one off <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-annual <input type="checkbox"/>
Weekly <input type="checkbox"/> Annual <input type="checkbox"/> Infrequent <input type="checkbox"/>
No of marshals supporting the event (minimum 3)
Number: