

Closure of Street for Street Party

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:

Anticipated attendance

Number:

Preferred area to be closed (please enclose map). **Confirmed area to be finalised following site meeting with organiser, Area Traffic Engineer (Wigan Council) and Police** (if required).

Applications should be returned to networkmanagement@wigan.gov.uk