



**Network Management Section
Form1
West Offices
Station Rise
York, YO1 6GA
Tel (01904) 551367
Fax (01904) 551456**

REQUEST FOR TEMPORARY PROHIBITION OF WAITING

Name of applicant		
Full Postal Address		
Contact Name		
Contact Telephone number	STD Code	Number
Fax Number	STD Code	Number
EEmail address		

Location that the request concerns	Details specifying which side of the road is required and the exact length involved (by reference to junctions or buildings)

Reasons for Request	

Period requested	From (Date/Time)	To (Date/Time)

Undertaking	<p>A Minimum period of three weeks is required for processing. If this form is not completed then it will be returned for completion. This will extend the processing period. A plan showing the location of the proposed prohibition of waiting is required before any request can be processed. <u>You will be required to mailshot affected properties.</u></p> <p>I understand that if this request is granted I will have to pay the City Council's Costs in making the required Traffic Order, placing and removing the No Waiting cones, maintaining them in position and undertaking the necessary enforcement. By my signature below I undertake to pay these charges on demand.</p>	
Signed	Date	Internal: Charge Code/Account No

Authorisation	<p>The above mentioned restriction is hereby authorised</p> <p>Head of Network Management</p> <p>Date:-</p>
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