Application for traffic signal switch out

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| **COMPANY NAME** |  |
| **LOCATION OF WORKS****(MUST HAVE TWO STREET NAMES)** |  |
| **TYPE OF SIGNALS (JUNCTION OR PEDESTRIAN CROSSING)** |  |
| **PURCHASE ORDER NUMBER (a PDF copy of the PO shall be appended to the application – a reference number alone will not suffice)** |  |
| **CONTACT NAME & TELEPHONE NUMBER** |  |
| **DATE & TIME OF SWITCH ON/OFF \*** | **REQUESTED ‘SWITCH OFF’ DATE/TIME** | **REQUESTED ‘SWITCH ON’ DATE/TIME** |
| **FROM:**  | **TO:**  |
| **PURPOSE AND NATURE OF WORKS NECESSITATING SIGNALS SWITCH OFF/ON** |  |
| **PERMIT REFERENCE NUMBER** |  |
| **TM PLAN ATTACHED** |  |
| **TTRO ATTACHED** |  |
| **SWITCH OUT TYPE** | **WBC APPROVED CONTRACTOR** . | **WEST BERKSHIRE COUNCIL** . |
| **TOTAL CHARGE (£)** | **£**  |

In submitting this form, you accept that the company which you represent will be liable for the charges associated with this service as set out in the costs above.

**\*** Arranged attendance times are subject to variation due to unforeseen events. The Council shall not be held liable should the arranged times not be met.

All permanent signal junctions and pedestrian crossings are monitored and any unauthorised switch offs will be investigated immediately and we will seek to reclaim any third party costs incurred.

Please return completed for to its@westberks.gov.uk.