



Speed Zone Authorisation Application
PLEASE ALLOW 10 WORKING DAYS TO PROCESS THIS APPLICATION

Contacts			
Organisation : _____			
Contact Name: _____			
Phone: _____		Mobile: _____	
Fax: _____		Email: _____	
Road Name: _____		UBD Map Ref _____	
Suburb _____		Council: Wagga Wagga City Council	
From(Cross St) _____		To (Cross St) _____	
Requested Times _____		Distance _____	
Direction <i>(Please Circle)</i>	All Directions	East & West Bound	North & South Bound
	East Bound	North Bound	South Bound
	West Bound		
Existing Speed Limit _____		Requested Speed Limit _____	
Proposed Commencement Date _____		Proposed Completion Date _____	
TCP ID _____		Previous TMC Road Occ Approval No. _____	
Reason for SZA _____			
Speed Limit Sign Location Plan Name: _____			
Applicants Signature			
I hereby apply for permission to restrict speed at the location described herein.			
Signature _____		Date _____	
Admin Use Only – Comments			

