



TEMPORARY TRAFFIC REGULATION ORDER

IMPORTANT: you must allow 3 Months advance Notice for TTRO's which require advertising and must include payment of £4,752 for planned works or £710.00 for Events, (Purchase Order Number or Cheque made payable to London Borough of Hillingdon), from date of receipt by LB Hillingdon to process. Emergency closures are to be notified immediately to Wayne Greenshields on T: 01895277553 M : 07411966799 a payment of £2,260.00 will be payable to London Borough of Hillingdon.

Completed forms to be sent to the relevant Highways Network Management Team	Please attach all completed forms to a relevant permit application, alternatively should you not have access to EToN please send to the following: Wayne Greenshields, Network Operations Manager. Road Network Management Team Email : roadnetworkmanagement@hilligdon.gov.uk		
Applicants name (will appear in notice)		Company name (will appear in notice)	
Address			
Tel: (will appear in notice)		Undertaker (if applicable)	
Details of works/event to be carried out			
Type of restriction			
District			
Town/village			
Road name			
From (junction or point)			
Direction (eg northwards)		Distance	
To (junction or point)			
Diversion route (please provide a plan with the closure indicated as a solid line and the diversion as a dashed line)			
Bus services affected (incl. Operator) & details of bus stops relocations			
Will the road be open for access?			
Predicted start date <i>Enter as DD/MM/YY</i>		Predicted end date <i>Enter as DD/MM/YY</i>	
Actual period that restriction will apply (eg 5 days / 2 Sundays)		Actual times that restriction will apply (eg 09.30-15.30 / 24hr)	
Any other relevant information			

Submitted by	Name			Signature		
Date		Tel		Email		
To be completed by Highways						
Highways contact				Tel		
WBS No. / Charge code				Checked by TRO team		
Consultation with Police				Consultation with neighbouring Authorities (if required)		
Consultation with PTU				Consultation with Highways Agency (if required)		
Approved by Street works, Road Network Management Team						
Name:		Date:		Requires advertising		Charge Category:
Type of restriction	Road Closure					
District						
Town/village						
Road name						
From (junction or point)						
Direction (eg northwards)				Distance		
To (junction or point)						
Diversion route (please provide a plan with the closure indicated as a solid line and the diversion as a dashed line)						