**Petition to allow Road Closure**

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| EVENT NAME: | PLEASE NOTE YOUR APPLICATION WILL BE INVALID IF THIS SECTION IS NOT COMPLETED IN FULL ON EACH PETITION FORM  Name of Road to be closed -  Date for Road Closure -  Exact Times for Road Closure - |
| Please remember signatures from at least 66% of affected properties are required. |

**We, the undersigned, are in agreement to the above named event having a road closure on the date stated.**

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| **Print Name** | **Signature** | **House Number** | **Street Name** | **Date** |
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Once this petition has been passed to Brighton & Hove City Council, Brighton & Hove City Council will not share these details with any other person or organisation. For more information, please see the council’s website <https://new.brighton-hove.gov.uk/about-website/privacy-and-data>