**PETITION to apply for a Road Closure application**

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| EVENT NAME: |
| PLEASE NOTE YOUR APPLICATION WILL BE INVALID IF THIS SECTION IS NOT FULLY COMPLETED ON EACH PETITION FORM USED.NAME OF ROAD TO BE CLOSED:DATE OF ROAD CLOSURE:EXACT TIMES OF 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 and times as stated above.** |
| **PRINT NAME** | **SIGNATURE** | **Full Details - HOUSE/FLAT Number/Letter** | **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://www.brighton-hove.gov.uk/about-website/privacy-and-data**](https://www.brighton-hove.gov.uk/about-website/privacy-and-data) |