

REQUEST TO APPROVE LOCATION

Return this form to: Trafficandroadsafety@westberks.gov.uk

Date of request: Click here to enter text.

Site Reference: Click here to enter text.

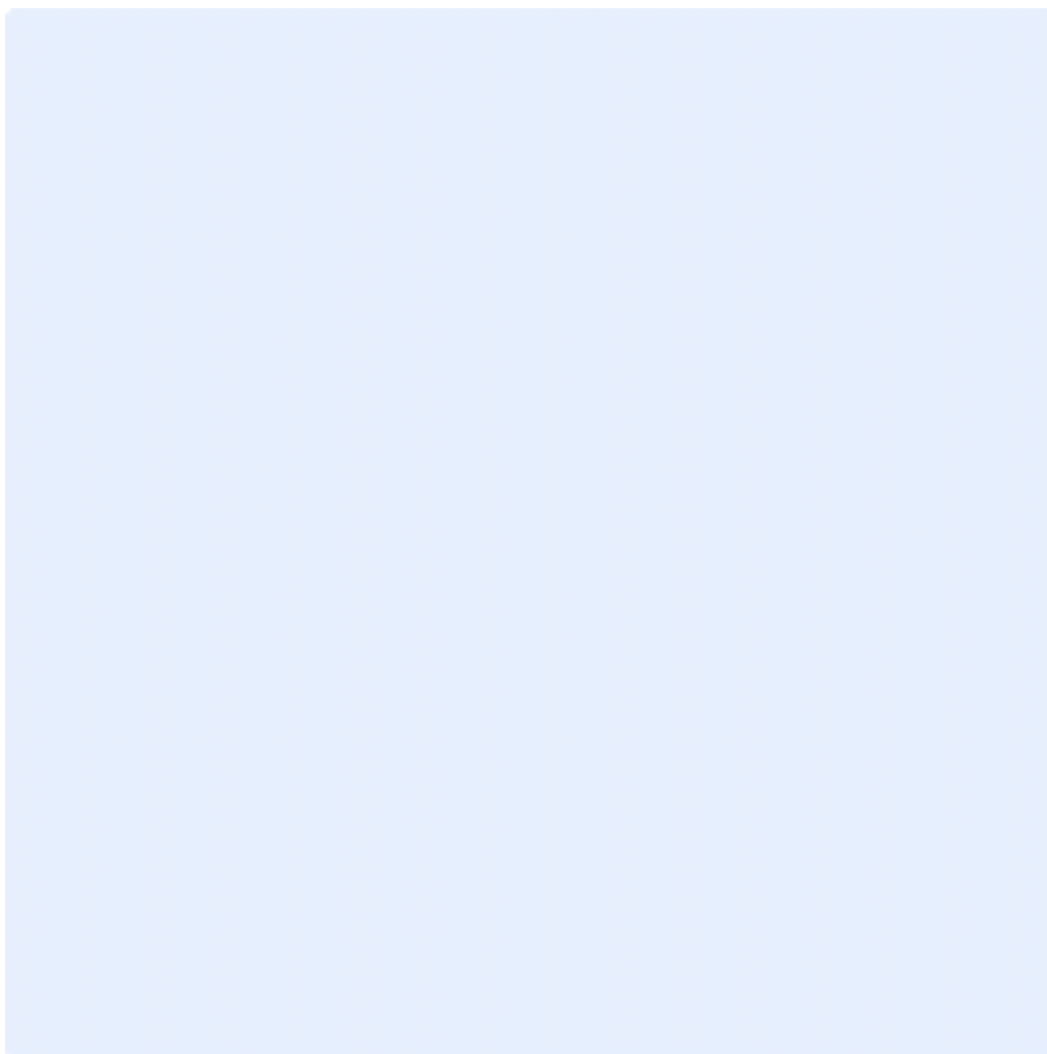
Parish: Click here to enter text.

SID Location: Click here to enter text.

Speed Limit of the Road: Click here to enter text.

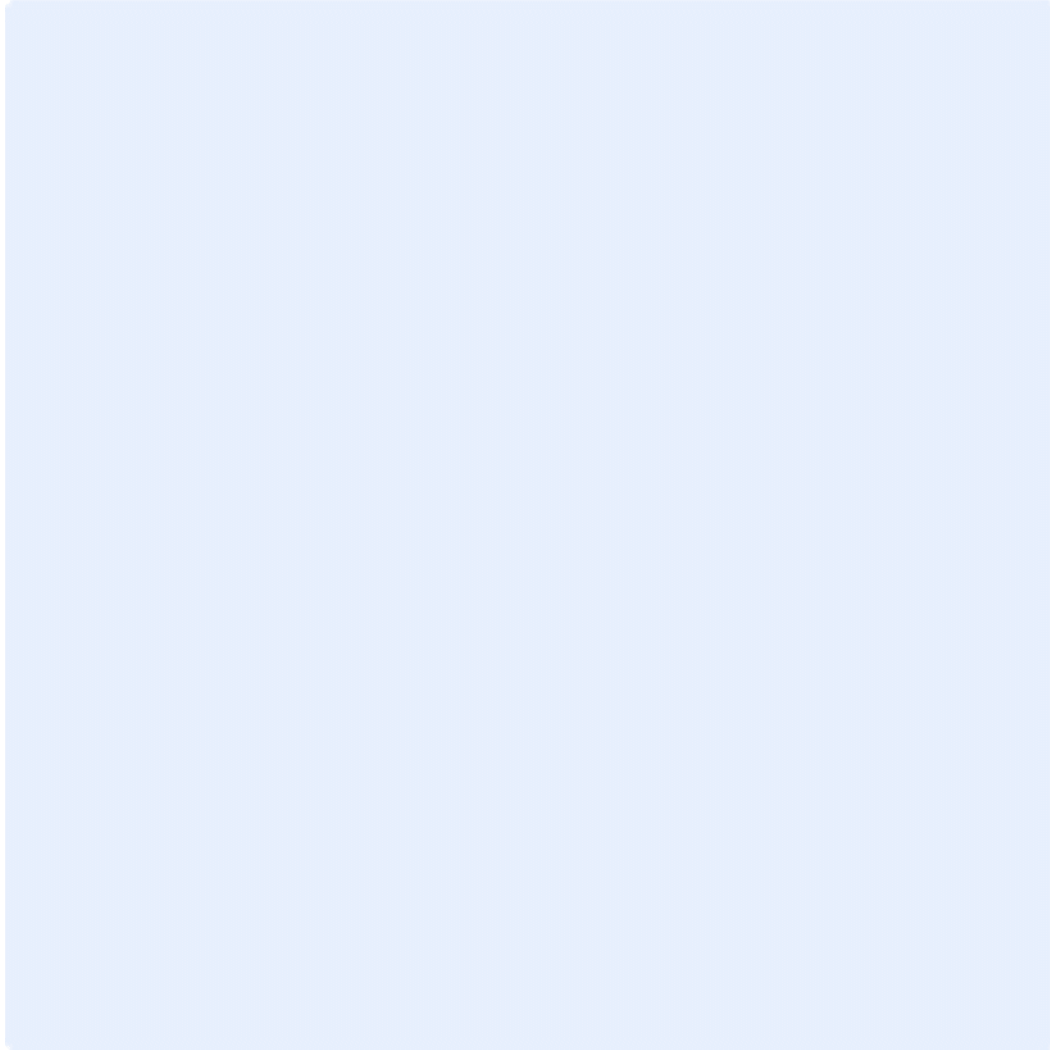
Description of the TME Placement: Click here to enter text.

Map of SID site:



Site grid reference (latitude, longitude): Click here to enter text.

Photo of TME at site:



Parish Contact name and position in Parish: [Click here to enter text.](#)

Contact number: [Click here to enter text.](#)

Parish Licenced Operator

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

WBC Approval

Name and position in Council: [Click here to enter text.](#)

Contact number: [Click here to enter text.](#)

Date of approval: [Click here to enter text.](#)