



**Liverpool Plains Shire Council**  
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# Road Closure Application

File No: .....  
Date: .....  
Amount: .....  
Receipt: .....

*Application for a road closure made under the Roads Act 1993 & Crown Lands Act 1989*

## OWNER / APPLICANT DETAILS

Mr / Mrs / Ms / Miss / Dr / Co / Other

Owner name OR company name/s: .....

Applicant Name: .....

Postal Address: .....

Phone no (daytime): ..... (mobile): .....

Email: ..... Fax: .....

Signatures: .....

## LOCATION OF ROAD PROPOSED TO BE CLOSED

Road Name: ..... Locality: .....

Distance from Nearest Intersection: .....km

## TYPE OF ROAD PROPOSED TO BE CLOSED

- Public Road (Formed)  Road of Unknown Status  
 Public Road (Unformed)  Other:

**SITE PLAN** *We need this information to correctly identify the road location. Please attach to this form a draft Plan of Survey. Alternatively, identify the road to be closed on a cadastral plan or on a topographic map OR show name of road, nearest cross street, nearby lot numbers by sketching in the area below.*

### Office Use Only

Initial review by : .....

Approved (Y/N)? .....

Working file created: .....