



Reference Number	<input type="text"/>
Date Received	<input type="text"/>
Date Granted	<input type="text"/>

Application For A Footway Crossing

Please note that this form can be completed electronically and submitted by e-mail. This is our preferred method of receipt.

Applicant

Name

Address

Town Post Code

Phone Number Fax Number

E-mail Address

Application Details

Is the footway crossing to be sited at the Applicant's Address above? Yes No

If **NO**, please enter the location where you want the footway crossing to be sited.

Road

Town Post Code

Have you made any previous applications for a footway crossing? Yes No

If **YES**, when?

If the application was previously refused, please state the reason

Signature

Please tick the appropriate box:

- I am / We are the owners of the property
 a Clackmannanshire Council tenant
 an Ochilview Housing or Scottish Homes tenant
 Other (Please state)

Is your property Ex-Local Authority?

Yes No

If your application is successful, do you wish a to receive a quotation from Clackmannanshire Council - Roads Contracts to carry out the work?

Yes No

Signature

Print Name

Date

Please return completed application forms to

Services to Communities roads@clacks.gov.uk
Clackmannanshire Council www.clacksweb.org.uk
Kilncraigs
Greenside Street Tel.: (01259) 450 000
Alloa Fax: (01259) 727 451
FK10 1EB

Incomplete forms will delay your application