



Network Management  
West Offices, Station Rise  
York YO1 6GA

Application number:

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## APPLICATION FOR SPEED LIMITS

1 **Name and Address of Applicant:**

Postcode:

2 **Telephone Number:**

**Email:**

3 **Proposed location/area where speed limits are required:**

Please provide a plan or sketch

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**State reasons for requesting speed limits:**

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**Important**

This form will initiate an investigation. We cannot guarantee that your request will eventually be implemented.

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**DECLARATION**

I confirm that to my best knowledge and belief, the information given above is correct and accurate, and as such will be used by the City of York Council in conditioning any permission they issue.

**Signature of Applicant:**

**Name (please print):**

**Date:**

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