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| **ABOUT YOU** | |
| Name |  |
| Company / Council / Other  (if applicable) |  |
| Company Registration No. (if applicable) |  |
| Contact Address |  |
| Email |  |
| Phone |  |
| Name and address to be used for invoicing purposes if different to above |  |

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| **ABOUT THE WORK REQUIRED** | | |
| Please provide detailed description of the work required. |  | |
| Has the request been validated through the LHP Validation Process? If yes, please supply Validation Reference code. |  | |
| Are there any time restrictions or requirements for the work? |  | |
| Why is the work required? |  | |
| What are the benefits of this work being carried out? |  | |
| Will the work impact anyone else (positively or negatively)? |  | |
| **SITE DETAILS** | | |
| Location / address of site | |  |
| Is it a Development site (i.e. new housing, commercial units etc.?) If yes, please provide details of planning application number. | |  |
| Is it within the highway boundary? | |  |
| Are there any obvious conflicts or complications? i.e. overhead cables, drainage, lamp columns, proximity to a school, railway or ditch, etc. | |  |

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| **ANY OTHER INFORMATION** |
| Free text box for any other supporting information. Please provide any sketches, plans, maps, photos or other information that will help us to understand your requirements. |

Please return this form in full to [**EHS@essexhighways.org**](mailto:EHS@essexhighways.org)

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| Office use only | |
| ZRCH Code |  |
| Date of request to Finance |  |
| Scheme Title |  |