

Application for the placement of a Salt Bin on the Public Highway

Title	Mr / Miss / Mrs / Ms / Other (please specify):
Name:	
Address:	
Contact Number	
Proposed location:	
If this location is outside a neighbour's property are they aware of your application? Yes / No If Yes do they support your application? Yes / No If No, are you aware of the reasons why not (please explain)?	

Please return your completed application to:

Traffic Management and Coordination, Engineering and Transportation Services, Walsall Council, 2nd Floor, Civic Centre, Darwall Street, Walsall, WS1 1 DG.

An inspector will assess your application against the Winter Service Operational Plan requirements for the provision of Salt Bins and arrange for its installation if it meets the relevant criteria.