

# APPLICATION FOR ALCOHOL-FREE ZONE

(Local Government Act 1993, section 644)



To .....(Name of Council)

1 I .....  
(Full Name)

2 of .....  
(Address) (Telephone No.)

3 **Being** (tick appropriate box):

(a) ☐ a representative of .....

(Name of Community Group in area)

(b) ☐ a police officer stationed at .....

(c) ☐ a person living in the area

(d) ☐ a person working in the area at .....

(work address)

**apply to the Council to establish an alcohol-free zone.**

4 **Roads or parts of roads ('roads' includes 'footpaths') and/ or public car parks to be included in the alcohol-free zone:**

.....  
.....  
.....

(Specify exactly by referring to street numbers or other landmarks)

5 **Reasons for requesting the alcohol-free zone:**

.....  
.....  
.....

(Give details of obstruction, littering, personal injury, property damage, police intervention, etc. that have occurred on those roads or in those car parks)

Signed.....

Date.....

*Documents supporting the information on this form may be attached.*