

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.