

Form to apply and give notice of restrictions

A. Contact details (BLOCK CAPITALS)	
Title:	First name or initials:
Surname:	
Address:	
Town:	Postcode:
Telephone no:	Mobile no:
Fax:	E-mail:
B. Agent's contact details (BLOCK CAPITALS)	
Title:	First name or initials:
Surname:	
Address:	
Town:	Postcode:
Telephone no:	Mobile no:
Fax:	E-mail:
<input type="checkbox"/>	Please do not copy correspondence to the client (tick the box)

C. Interest in the land (Please tick the relevant box)		
<input type="checkbox"/>	Landowner	For notices or applications
<input type="checkbox"/>	Agricultural tenant	
<input type="checkbox"/>	Holder of common rights	For applications only
<input type="checkbox"/>	Holder of sporting rights (please specify)	
<input type="checkbox"/>	Holder of mineral rights	
<input type="checkbox"/>	Other (please specify)	
Please identify the current and past use of the land, for example: grazing animals, quarry.		

D. Site details Please mark the boundaries of the site on a map and attach the map to this form. In this space, please give a 6 figure Grid Reference for the middle of the site or describe the location of the site in words.					
Grid Reference		Area in hectares		Site name	
If the site is within a designated area please give details of designation if known.					
Are you aware of any current legal proceedings relating to the site? Y/N If yes please give details:					

E. I am giving notice that I will restrict the right of access using the 28-day option (Please tick the relevant box)	
<input type="checkbox"/>	I will exclude the public right of access completely.
<input type="checkbox"/>	I will restrict the public right of access in the way I have described in Section J.

If you wish, please write here the main reason why you are excluding or restricting the right of access. For example, spraying bracken, shooting, collecting sheep.

F. I am giving notice that I will exclude people with dogs
(Please tick the relevant box)

<input type="checkbox"/>	I will exclude people with dogs for lambing.	Landowner or tenant only
<input type="checkbox"/>	I will exclude people with dogs from a grouse moor.	Landowner only

G. Dates and times (Please tick the relevant box and fill in the start and finish dates).

<input type="checkbox"/>	I am applying for the public right of access to be excluded or restricted indefinitely.	Applications only
<input type="checkbox"/>	I am specifying the dates below.	Notices and applications

Restriction number	Start or Earliest date		Finish or Latest Date		Maximum number of days on which the restriction will apply
	Date	Time	Date	Time	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

H. Reasons for an application (Please tick the relevant box to show the purpose for the proposal to restrict the right of access. You may only specify one purpose).

<input type="checkbox"/>	For the purpose of land management by the applicant.
<input type="checkbox"/>	For the purpose of avoiding danger to the public.
<input type="checkbox"/>	For the purpose of fire prevention in exceptional weather, or with an exceptional change in the condition of the land.

I. How is the right of access to be restricted? (Please tick the relevant box)

I am applying for the public right of access to be excluded completely.

I am applying for the public right of access to be restricted in the way described in Section H

J. Conditions for a restriction (Please specify here the conditions that the public must comply with)

K. Justification in support of an application to restrict or exclude the right of access.

Please explain why it is necessary to exclude or restrict the right of access for the purpose specified in section H. If you put your case in other papers, please say this below and staple the extra papers to this form.

L. As a part of the application process we might need to visit the site. If this is the case do you give your permission for this to take place? Y/N

M. I hereby declare that the information on this form is correct, to the best of my knowledge.

Signature:	Date:
Name (BLOCK CAPITALS):	
If you are an agent acting on behalf of the applicant please complete the details below.	
Agent signature	Date
Name (BLOCK CAPITALS)	

We will acknowledge receipt within 1 week. Please contact us again if you have not heard from us after a week.