

Transport Providers Correspondence Example

Name of Organisation/Organising Committee
First Line of Address
Second Line of Address
Contact Phone Numbers

Insert Date

Insert Name of Transport Providers eg Local Bus Services
First Line Address – eg Street or Postal Address
Second Line Address – Suburb, State, Postcode

To Whom It May Concern

RE: Insert name of your event in event location on event date

The **insert name of organisation/organising committee** will be conducting **insert name of event in insert event location** on **insert event date/s**. The event and road closures have been approved by the Local Traffic Committee and Greater Hume Council.

The event will involve road closures of **insert street names, boundaries and key landmarks**. The road closures will take place from **insert commencing time** and will be cleared by **insert end time**.

The event organiser who will be in charge of the event site on the day will be **insert event controllers name** and they can be contacted on **insert mobile phone number** or **insert landline phone number**.

Yours sincerely

Insert Name of Writer
Insert Position on Event Organising Committee

Note: This correspondence is only applicable should the event fall on operating days of the transport provider, for example, if the operator provides a bus service during weekdays (eg school buses) and the event is to occur on the weekend, this form would not be required.