

AGREEMENT AS TO AN EVENT ON STATE HIGHWAY

DATE:

PARTIES

1. **NZ Transport Agency** a body corporate established under and by virtue of the NZ Transport Agency New Zealand Act 1989 (“NZ Transport Agency”).
2.
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BACKGROUND

- A. NZ Transport Agency has the sole powers of control for all purposes including construction and maintenance of all State Highways pursuant to the provisions of the Government Roding Powers Act 1989.
- B. wishes to carry out an event specified in the Schedule hereto which involves or affects a State Highway (“the event”).
- C. The Consent of NZ Transport Agency is required for the event and NZ Transport Agency agrees to provide such consent on the conditions set out.

TERMS OF AGREEMENT

1. IN consideration of NZ Transport Agency agreeing to the event being done,hereby agrees to indemnify NZ Transport Agency against all claims, losses, damages to costs incurred by NZ Transport Agency in relation to the event.
2. hereby agrees to compensate NZ Transport Agency for damage to any State Highway or structures on the State Highway (including but not limited to bridges and safety barriers) incurred in relation to the event.
3. agree to abide by all the conditions and specifications stated under this agreement and understands that any contravention of the agreement may result in NZ Transport Agency refusing further access to the State Highway.

Signed for and on behalf of
NZ TRANSPORT AGENCY NEW ZEALAND

Signed by the said;

By _____
TERRY BOYLE
Senior Asset Manager – Tauranga
Acting pursuant to delegated authority

By _____
NAME: _____

In the presence of: _____

In the presence of: _____

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

SCHEDULE (THE EVENT INFORMATION)

THE EVENT: _____

(Description of the Event) _____

LOCATION: _____

Road Name (closest road) _____

State Highway (SH): _____

Route Position (RS/RP) _____

TIMING:

Start Date: _____

Duration: _____

APPLICANT:

Name: _____

Address: _____

Contact Numbers: *Day* _____ *Night* _____

CONTRACTOR:

Name: _____

Address: _____

Site Representative: _____

Contact Numbers: *Day* _____ *Night* _____

COMMENTS: _____
