

Monitoring Form

Heavy Goods Vehicles

HEAVY GOODS VEHICLE MONITORING FORM

It is difficult to restrict the movement of HGV's as they are permitted to use any classification of road for access and deliveries, even if there is a Weight Restriction in place (unless it is a structural weight limit). HGV's should use the most appropriate route for their journey, using motorways, dual carriage ways and main roads (A and B classified roads). However if particular haulage companies can be identified, who continually use unsuitable roads as a through route when other, more appropriate, main routes are available Warwickshire County Council will attempt to contact them where resource allows. Please note that Warwickshire County Council can only advise companies and do not have enforcement powers.

Please return the completed attached form to the address at the bottom of this page or email to: trafficandsafety@warwickshire.gov.uk.

Date: _____

YOUR CONTACT DETAILS: (BLOCK CAPITALS)

Name: _____

Address: _____

Post Code: _____

Tel No: _____ (please include area code):

(please tick appropriate box)

☐ **A.** I am completing this form as an individual

☐ **B.** I am completing this form in my capacity as: _____
(e.g. Clerk to a Parish Council)

LOCATION:

(Please only fill in one form for each location) (BLOCK CAPITALS)

Road Number: _____

Road Name: _____

Location: _____
(e.g. Town, Village, Nearest Junction or Landmark)



Warwickshire
County Council

Traffic and Road Safety Group

PO Box 43

Shire Hall

Warwick

CV34 4SX

HEAVY GOODS VEHICLE MONITORING FORM

Please record any Heavy Goods Vehicles seen on the specified route/location over a 4 week period.

It is essential that the Date*, Time*, Registration Number* and Company Name* data is captured, without this information we will be unable to progress further with your enquiry.

Any other details which can be gathered such as address and telephone number will also help to contact the company.

**Mandatory Information*

No	Date*	Time*	Registration No*	Company Name*	Other Details
1					
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8					
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11					
12					

No	Date*	Time*	Registration No*	Company Name*	Other Details
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No	Date*	Time*	Registration No*	Company Name*	Other Details
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