

ROCHDALE METROPOLITAN BOROUGH COUNCIL

PUBLIC RIGHT OF WAY EVIDENCE FORM

SURNAME ..... AGE (If under 18) .....

FORENAMES .....

ADDRESS .....

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1. ROUTE OF WAY (to and from) .....

2. DISTRICT OR PARISH .....

3. NO. AND STATUS ON DEFINITIVE MAP (If known please give start/finish grid references)

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4. FOR HOW MANY YEARS HAVE YOU REGARDED THE WAY AS PUBLIC? .....

5. HAVE YOU USED THE WAY?

(a) DURING WHICH YEARS? (From – to) .....

(b) WHERE WERE YOU GOING? .....

(c) FOR WHAT PURPOSE? .....

(d) HOW MANY TIMES A YEAR? .....

(e) BY WHAT MEANS? (eg. on foot, on horseback, etc) .....

6. HAVE YOU EVER KNOWN ANY STILES, GATES OR SIGNPOSTS ON THE COURSE OF THE WAY? (Please give as much information as possible)

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7. HAVE YOU EVER SEEN NOTICES ON OR NEAR THE WAY?(eg. “Private”, “No Thoroughfare” or “Trespassers will be prosecuted”). Give details .....

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8. HAVE YOU EVER KNOWN ANY LOCKED GATES OR OTHER OBSTRUCTIONS TO THE WAY? (State when and give details)

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9. HAVE YOU EVER BEEN EMPLOYED BY, OR A TENANT OF, THE OWNER OF THE LAND CROSSED BY THE WAY? (If so, give details with dates).....

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10. HAVE YOU EVER BEEN GIVEN PERMISSION TO USE THE WAY?

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11. HAVE YOU EVER BEEN GIVEN INSTRUCTIONS ABOUT USING THE WAY?

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12. HAVE YOU EVER BEEN STOPPED OR TURNED BACK WHEN USING THE WAY OR DO YOU KNOW OF ANYONE ELSE HAVING BEEN STOPPED OR TURNED BACK? (If so, please give details) .....

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13. FURTHER RELEVANT INFORMATION .....

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I certify that to the best of my knowledge and believe the facts that I have stated are true.

I am/am not willing to attend a Hearing, Public Inquiry or Court to give evidence on this matter, if this should prove to be necessary.

DATE .....

SIGNATURE .....

SIGNATURE OF PERSON TAKING STATEMENT (If applicable)

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Director or Technical Services  
Floor 3 Municipal Offices  
Smith Street  
Rochdale  
OL16 1YP