1. If the Service Disruption team have already endorsed your disruption request and you need to notify us of changes (date, duration, TTM etc), you must provide;

* A completed ‘Change Request Form’
* The original endorsement from the Service Disruption team
* The original TMP (not required if you are only requesting a date change and all other aspects of the TMP & ERW remain the same)
* The new TMP - (The original TMP and new TMP must be clearly labelled)

1. All attachments must be included in the change request email
2. All sections must be completed – if a section is not applicable to you please insert ‘N/A’
3. When submitting your change to endorsed roadworks request the subject line must include;

* Change Request – the AT Worksites reference number - The street name – then the suburb

1. Any change to endorsed roadworks requests that do not adhere to the above regulations will be returned to you with a request to submit a correctly/fully completed application. The resubmitted application will then be subject to the 10-working day turnaround beginning the date it is received
2. If the changes are significant and require AT to carry out a new Public Transport Impact Assessment, the original endorsement will be withdrawn, and you will be required to submit a new Service Disruption Request. Examples of when this might occur include but are not limited to; a one-way closure becomes a full road closure, work originally being done in consecutive stages now requires multiple stages to be active at one time, a road originally open is now closed/ limited access

|  |  |  |  |
| --- | --- | --- | --- |
| **AT Worksites Reference** | | AT-W | |
| **Location** | **Street** |  | |
| **Suburb** |  | |
| **Contractor** | |  | |
| **Contact Onsite** | |  | |
| **Details of Changes**  *Specify all changes to dates, times or TTM from your original endorsed TMP and ERW form, and the newly submitted one*  *Please include the sheet number for each change* | | **TMD Sheet Number** | **Description of Change** |
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| --- | --- | --- | --- |
| **Change Request Checklist** | | | |
|  | **Yes** | **No** | **N/A** |
| **Change Request Form Completed Fully** |  |  | - |
| **Original Endorsement from Service Disruptions Attached** |  |  | - |
| **Original TMP attached** *(and clearly labelled)* |  |  |  |
| **New TMP attached** *(and clearly labelled)* |  |  | - |
| **Subject Line in Correct Format** |  |  | - |

Submit your change request form to [Service.Disruptions@at.govt.nz](mailto:Service.Disruptions@at.govt.nz)

Please allow up to 10 working days for a response