



Permit for the Closure of a Public Road

Street Name: _____ Cross Street: _____
Nature of Event: _____
Name of Contact Person(s): _____ Phone: _____
Address: _____ Email Address: _____
Date of Event: _____
Alternate Date: _____ No. # of Hours: _____ Starting Time: _____ Ending Time: _____
No. # of attendees: _____ # of Public Restrooms Provided: _____

Note: Please attach a map showing the street location. Any indoor or outdoor public event or gathering of more than twenty-five persons is required to provide recycling containers as required by Chapter 420; Article IV Public Event Recycling in the Code of Ordinances.

Signature: _____ Date: _____

Town Use ONLY

Police Department Review

No. Officers Needed: _____ Cost: _____
Approved: Yes () No () Comments: _____

Police Chief _____ Date _____

Fire Department Review

Approved: Yes () No () Comments: _____

Fire Chief _____ Date _____

DPW Review

Approved: Yes () No () Comments: _____

DPW Director _____ Date _____

Granted _____

Board of Selectmen

