

**TOWN OF PLYMOUTH
ROADS ADVISORY COMMITTEE
RECOMMENDATION TO THE BOARD OF SELECTMEN
REQUEST FOR SNOW PLOWING**

**REQUEST MUST BE IN BY JULY 1ST TO BE CONSIDERED FOR THE
FOLLOWING SNOW PLOW SEASON**

NAME OF REQUESTER: _____ DATE _____

ADDRESS: _____

PHONE # _____ ASSESSORS MAP AND LOT: _____

EMAIL ADDRESS _____ NAME OF ROAD _____

NUMBER OF ABUTTERS _____ NUMBER OF HOUSES _____

NUMBER OF SEASONAL HOUSES _____ NUMBER OF YEAR ROUND _____

YEAR LAID OUT BY TOWN _____ EVER BEEN PLOWED? _____

IF PLOWED, WHEN & WHO? _____ WHY DID PLOWING STOP? _____

ADDITIONAL COMMENTS SUPPORTING REQUEST _____

IF ADDITIONAL COMMENTS ARE NECESSARY, PLEASE ATTACH

APPLICANT SIGNATURE _____ DATE _____

DPW RECOMMENDATION & COMMENTS

IS THIS ROAD GRAVEL? _____ IF YES, DO YOU GRADE IT? _____

ROADS ADVISORY COMMITTEE RECOMMENDATION

ADDITIONAL COMMENTS OVER

CHAIRMAN _____ DATE _____

SNOW PLOW REQUEST

SIGN OFF SHEET

LOCATION: _____

Petitioner: _____

Request: (See Attached)

Road Advisory Committee (RAC) recommendation: Yes _____ No _____

Date of Action Taken by RAC: _____

Board of Selectmen (BOS) Approval: Yes _____ No _____

Date of Action Taken by BOS: _____

**Notification to Highway Manager and DPW Director
by Board of Selectmen Secretary:** _____ **Date**

**Notification to the Road Advisory Committee
by Board of Selectmen Secretary:** _____ **Date**

**Notification to the Petitioner
by Board of Selectmen Secretary:** _____ **Date**