

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

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

NAME OF REQUESTER: _____ DATE _____

REQUESTER ADDRESS: _____

PHONE # _____ ASSESSORS MAP AND LOT: _____

EMAIL ADDRESS _____

ROADWAY SURFACE MATERIAL _____ YEAR LAID OUT BY TOWN _____

NAME OF ROAD _____ TOTAL # OF HOUSES _____

NUMBER OF YEAR ROUND _____ EVER BEEN PLOWED? _____

IF PLOWED, WHEN & WHO? _____

WHY DID PLOWING STOP? _____

LIST ANY PREVIOUS REQUESTS MADE AND RESULTS _____

DOES THE ROADWAY MEET THE APPROVED CRITERIA AS ATTACHED? _____

IF NOT, LIST DEFICIENT ITEM NUMBER(S) _____

ADDITIONAL COMMENTS SUPPORTING REQUEST _____

IF ADDITIONAL COMMENTS ARE NECESSARY, PLEASE ATTACH A SEPARATE SHEET

APPLICANT SIGNATURE _____ DATE _____

➤ **DPW RECOMMENDATION & COMMENTS**

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

ROADS ADVISORY COMMITTEE RECOMMENDATION

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