



TOWN OF BELLINGHAM

STREET SIGN / CROSSWALK / GUARDRAIL REQUEST FORM

Submit in hard copy to the Department of Public Works, 26 Blackstone Street, or email to dpw@bellinghamma.org

Allow **30 calendar days from the date received by the Transportation Committee** to process the request.

Requested by: _____ Date of Request: _____

Address: _____

Telephone: _____ Email: _____

Requested Sign Type/ Crosswalk / Guardrail & Description: _____

Location: _____

Reason for Request: _____

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TRANSPORTATION COMMITTEE: Date Received: _____ Date Reviewed: _____

Approval Recommended: _____ Recommended with comments: _____ Not Recommended with comments: _____

Comments: _____

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SELECTBOARD ACTION: Date Received: _____ Date Reviewed: _____

Approved: _____ Disapproved: _____ Approved with conditions: _____

Conditions: _____

