



TOWN OF WINDHAM, NEW HAMPSHIRE

HIGHWAY SAFETY COMMITTEE

3 NORTH LOWELL ROAD, WINDHAM, NEW HAMPSHIRE 03087

WIN 4:00:11:98
Attachment "A"

Request Form

Name: _____

Date: _____

Email: _____

Phone: _____

Mailing Address: _____

Safety Request: _____

Explanation: _____

Diagram of Area: ☐ Yes, Attached ☐ No

Do not write below this line. For Town of Windham use only:

HSC Recommended Action: _____

Date: _____

Explanation/Comments: _____

BOS Decision: ☐ Approved ☐ Denied

If denied, explain: _____

BOS Signature

Print Name

Date

Requester Notified: ☐ Mail ☐ Email ☐ Phone ☐ Not Notified

Initial

Date

To be filled out upon completion of work (if approved):

Date of Completion

Road Agent Signature

Print Name