

# ROAD BLOCK APPLICATION



## TOWN OF HALIFAX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

LOCATION OF ROAD BLOCK \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_

REASON \_\_\_\_\_

\_\_\_\_\_

PERIOD OF TIME THE ROAD WILL BE BLOCKED \_\_\_\_\_

\_\_\_\_\_

WHO WILL BE SOBER AND  
IN CHARGE AT ALL TIMES \_\_\_\_\_

PARKING PLAN \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**RETURN TO THE SELECTMEN'S OFFICE  
499 PLYMOUTH STREET, HALIFAX, MA 02338  
OR FAX 781-294-7684**