

ROAD OPENING APPLICATION



TOWN OF HALIFAX

NAME _____

ADDRESS _____

CONTACT NUMBER _____

LOCATION OF OPENING _____

SIZE OF CUT _____

TYPE OF CUT _____

REASON FOR CUT _____

DIG SAFE NUMBER _____

SIGNATURE OF APPLICANT _____

*Please provide a map showing the street location and the location of the cut on the street

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