

REQUEST FOR HIGHWAY SAFETY COMMITTEE

CFS # _____

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (Day) _____ (Evening) _____

REQUEST MADE BY: WALK-IN PHONE LETTER EMAIL OTHER _____

REQUEST MADE TO: _____

OF: _____

REQUESTING: SIGN MARKING LIGHT CROSSWALK OTHER _____

TYPE: _____

REASON FOR REQUEST: _____

SIGNATURE: _____ DATE: _____

PLEASE FORWARD THIS REQUEST TO THE GOFFSTOWN POLICE DEPARTMENT FOR SURVEY

FOR TOWN USE ONLY

HIGHWAY SAFETY

RECOMMENDED RECOMMENDED FURTHER - ENGINEERING STUDY

NOT RECOMMENDED

REMARKS: _____

SIGNATURE: _____ DATE: _____

FOR SELECTMEN'S USE ONLY

APPROVED DENIED

REMARKS: _____

SIGNATURE: _____ DATE: _____