

**TOWN OF FAIRHAVEN - BOARD OF PUBLIC WORKS  
BARRICADE REQUEST FORM**



**Date of Event:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Location Request:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**# Of Barricades Requested** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
\$50.00 refundable deposit for barricades  
\$200.00 delivery / pickup (seperate check)  
Barricades will be available on the business day prior to the event.

**Fees:** Please make checks payable to "Town of Fairhaven" \_\_\_\_\_

**The \$50.00 deposit will be returned in full provided there are no damages to the barricades. Deposits not collected will be forfeited after 30 calendar days.**

**Date Paid:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Request Approve by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Highway Superintendent**

**Deposit Returned (Print Name)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee** \_\_\_\_\_