



TOWN OF HOLLIS HIGHWAY SAFETY COMMITTEE REQUEST FORM

DATE: _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

LOCATION OF ISSUE/CONCERN: _____

WILL ATTEND MEETING (Please circle one): YES or NO

BRIEF DESCRIPTION of the issue you'd like the Highway Safety Committee to review:

Please provide any photos, references, articles, statistics, etc. if possible
*** This request **MUST** be received no later than 1 week prior to the scheduled meeting.
Email to: bhill@hollisnh.org or mail to: Beverly Hill, 10 Muzzey Road, Hollis, NH

STAFF NOTES:

ISSUE DISCUSSED AT THE HIGHWAY SAFETY COMMITTEE MEETING OF: _____

DECISION RENDERED: _____

ACTION REQUIRED: _____