

Town of Bethel  
19 Main Street PO BOX 1660 Bethel, Me 04217  
207-824-2669/Fax 207-824-3355

**Town of Bethel Road Closure Application    Date:**

**Approved  Denied**

**APPLICANT INFORMATION**

Business Name:  
Address:  
Contact Number:  
Email Address:  
Day of event contact person name and phone number:

**CLOSURE INFORMATION**

Event Location (Example: **Street Name:** Main Street **between** Cottage Street **and** Church Street)

Street Name:	Between	And
Date of Event:	Start Time:	End Time:
Street Name:	Between	And
Date of Event:	Start Time:	End Time:

Please attach a diagram of the road closures.  
Please attach the Traffic Safety Plan.

**CLOSURE CHECK LIST**

- Sheriff's Department Notified 1-800-733-1421
- Bethel Fire Department and Bethel Ambulance Service Notified 207-824-2669
- Maine Department of Transportation notified if the road is a state road 207-624-8200

**SELECT BOARD AUTHORIZATION**

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The Town of Bethel requires that a **request for road closure be made 30 days prior to the closure date** to ensure enough time to notify the public and area businesses.

**APPLICANT SIGNATURE**

Signature of Applicant:

Date: