

TOWN OF ACTON

Application for a
Permit to Open Streets

Date 11-7-61

Please issue permit to N.E.T.T. Co.
to open _____ from location _____ to location _____

for the purpose of _____

Length of cut _____ LF, width of cut _____ LF

Width of existing pavement _____ LF

Street surface _____, sidewalk surface _____

Date of opening _____ to _____ A.M./P.M. _____

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Care of Street Cuts and that I have been informed that this permit loses its validity in case of any neglect to comply with all its requirements. I have deposited two hundred dollars with the Treasurer of the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of completing the permanent patch if that is not done by me to the satisfaction of the Town Engineer within thirty days from date hereof.

Witness my hand and seal,

Signature of Applicant _____

Sec ~~_____~~

No. of Permit 45