



TOWN OF BUCKSPORT, MAINE

P.O. DRAWER X, BUCKSPORT, ME 04416 TEL. 207-469-7368 FAX 207-469-7369

ROAD RACE NOTIFICATION FORM

Name of Race Organizer _____
 Mailing Address _____
 City/Town _____ State _____ Zip _____
 Contact Person _____
 Telephone # _____ Cell # _____
 E-Mail Address _____

NAME OF RACE: _____

RACE DATE: _____ **TIME:** _____

RACE ROUTE: _____

Will the race include any of the following:

Temporary electrical installations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Amplified music or public address system	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ceremonies or presentations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food vendors	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you request temporary closure of any public way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you request public safety assistance from the town?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to any of the above questions, please describe the activity in detail on a separate sheet.

I certify with my signature below that the above information is true and accurate to the best of my knowledge.

SIGNATURE

DATE

PRINTED NAME

Notice of any road race must be given to the Public Safety Director at least one week before the date of the race. All road races must comply with the public safety requirements of the Public Safety Department.

FOR OFFICE USE

DATE RECEIVED _____