



Commonwealth of Massachusetts
Town of Newbury
Office of the Honorable Board of Selectmen



REQUEST FOR PUBLIC PROPERTY USE/SPECIAL PERMITS

Date of Request Submission: _____

App. Name: _____

Business Name: _____

Address: No. Street City/Town State Zip

Phone (Work): _____ Phone (Cell): _____

Type of Request: _____

Location: _____

Date From: _____ Time: _____

Date To: _____ Time: _____

Proof of Insurance (if required): Carrier Policy No. Amount

Police Notification: Signature of approving authority

Fire Notification: Signature of approving authority

Other Information:

Applicant Signature: _____ Date: _____

Date of Local Approval: _____

Board of Selectmen:

Fee (if applicable): \$ _____