



DEPARTMENT OF PUBLIC WORKS

873 Massachusetts Avenue,
Boxborough, Massachusetts 01719
(978) 264-1790
www.boxborough-ma.gov

PROJECT ASSISTANCE REQUEST

Date: _____

Requesting Organization: _____
Project Request: _____
Project Location: _____
Project Start and End Dates: _____
Contact Person: _____
Contact Number & Email: _____

Detailed Description of Work: _____

Equipment Required: _____

Material Required: _____

Material to be supplied by Organization: Y N Equipment to be supplied by Organization Y N

Funding Source: _____ Approximate cost: _____
(account #, budget, article, etc.)

I, _____, state that all required permits, licenses and /or authorizations (below) have been obtained specific to the work described in this Project Assistance Request.

Conservation: (Y) (N) (n/a) Zoning: (Y) (N) (n/a) Building/Code Enforcement: (Y) (N) (n/a)
Planning: (Y) (N) (n/a) Other: (Y) (N) (n/a) please specify: _____

Signature: _____ Date: _____

DPW: Estimated labor cost: _____ Estimated equipment cost: _____ Time required: _____

APPROVAL

Project Start Date: _____ Target Completion Date: _____

Date: _____

Ed Kukkula, DPW Director

Note: Date subject to change due to emergencies or Town projects.