

# REQUEST FOR CONSERVATION CLOSURES / OPENINGS

To: AREA BIOLOGIST \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FROM: \_\_\_\_\_

ORDINANCE SHELLFISH SPECIES TO BE INCLUDED IN  
CLOSURE \_\_\_\_\_

The town of \_\_\_\_\_ requests approval of the Commissioner of the  
DMR to      open              close the following shellfish area: \_\_\_\_\_

Contact Person for the town:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Please write the description of the boundaries of the area and attach a map showing the area:

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### PLEASE ANSWER THE FOLLOWING:

1. What is the State of Maine DMR Water Quality classification of the growing area?  
Conditional Area

Approved (Open)              Prohibited (Closed)              Restricted (Depuration)

2. Who will enforce this conservation action?

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3. How will people (harvesters and others) be notified of the action?: **A copy of the notification being posted MUST be forwarded to DMR.**

## 4. FOR CLOSURES

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Including an end date means you do not have to request an opening of the area)

**Reason for closing the area:**

- a. Small natural clams              b. Winter digging              c. Flat Rotation  
d. Clam seeding  
e. Other \_\_\_\_\_

## 5. FOR OPENINGS

Requested opening date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Requested Close date: \_\_\_\_/\_\_\_\_/\_\_\_\_

