

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:

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?

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 _____

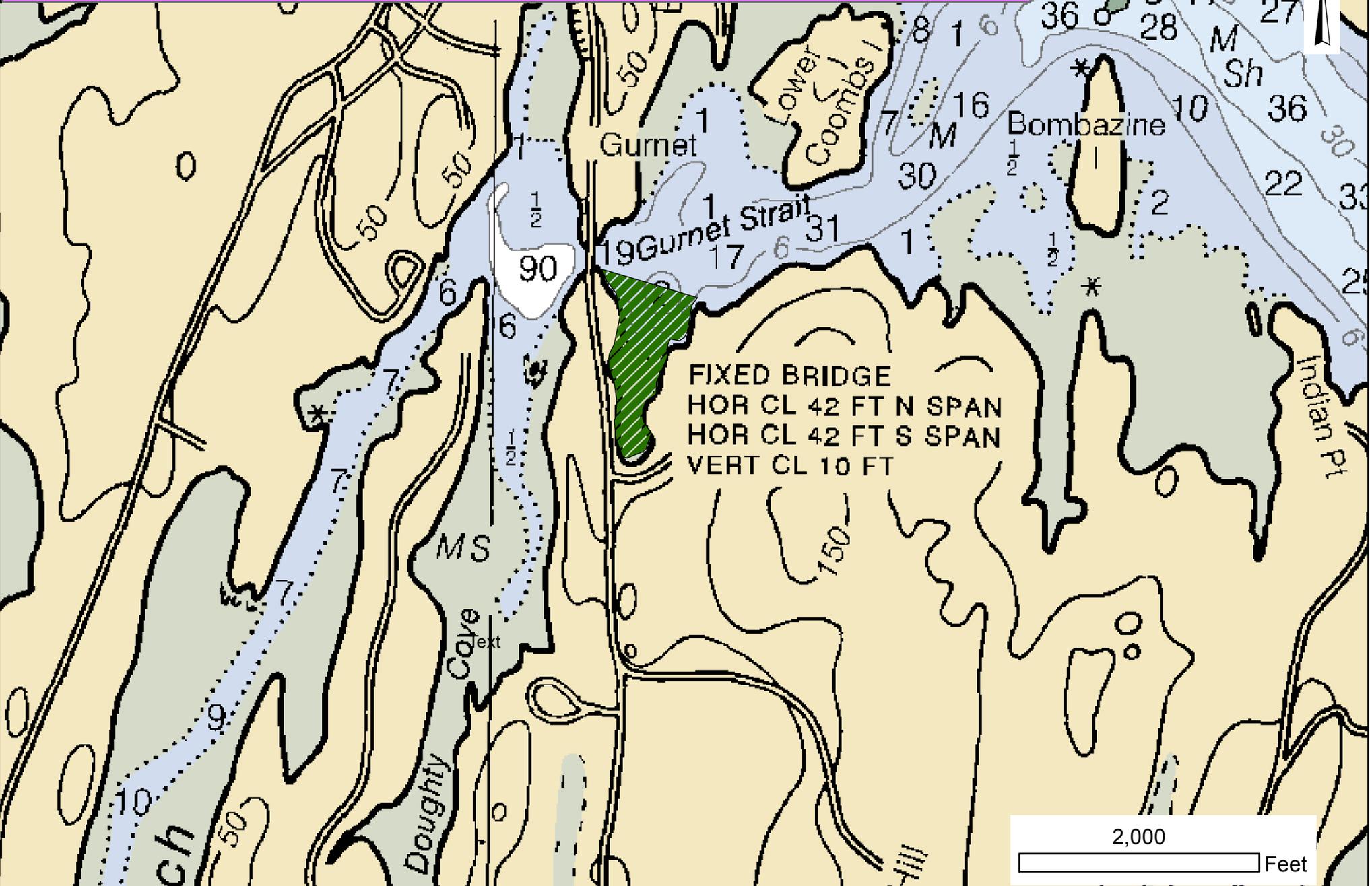
5. FOR OPENINGS

Requested opening date: ____/____/____

Requested Close date: ____/____/____

Indian Rest

Softshell clam and Quahog Conservation Closure
(Harvest allowed only on Thursday, Friday, and Saturday)



2,000
Feet