



**Town of Westport**  
**Planning Department**  
856 Main Road, Westport, MA 02790  
(508) 636-1037 | [planning@westport-ma.gov](mailto:planning@westport-ma.gov)

**REQUEST FOR CONTINUANCE OR WITHDRAWAL**  
To be submitted to the Planning Department

**TYPE OF REQUEST (Check one):**                      **CONTINUANCE**    **WITHDRAWAL**

**CONTACT INFORMATION**

**Printed Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF REQUESTING A CONTINUANCE**

If requesting a continuance, please indicate from the original meeting date: \_\_\_\_\_ to \_\_\_\_\_  
**DATE OF SCHEDULED HEARING:** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_  
**TYPE OF APPLICATION (ex. ANR, Site Plan Approval Special Permit)** \_\_\_\_\_  
**REASON FOR REQUEST:** \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF REQUESTING A WITHDRAWAL**

**PROJECT NAME:** \_\_\_\_\_  
**TYPE OF APPLICATION (ex. ANR, Site Plan Approval Special Permit)** \_\_\_\_\_  
**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Date