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**Este es un aviso importante**  
**por favor asegúrese que sea traducido**

## *Continuation of Special Needs*

*Salem Harbor Connector Path*

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

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Name or Type of Service: \_\_\_\_\_

Days Service is performed: \_\_\_\_\_ Time: \_\_\_\_\_

Will this service be performed during the entire length of the project (6 weeks)? Yes No

If no, when will the service start and end: \_\_\_\_\_

Is there any other information we should know about regarding this service that will help us to maintain its quality of delivery? Please attach additional documentation, if needed

\_\_\_\_\_  
\_\_\_\_\_

Please return this form to the person listed below, or if you have any questions, please contact:

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