

SAGINAW COUNTY ROAD COMMISSION

One Road Per Sheet Please

Township Name: _____ Date: _____

Township Official: _____

(Please Print Clearly Name and Title)

Construction Year: _____

CHOOSE ONE OF THE FOLLOWING:
(Please make sure to include Authorizing Signature)

Estimate ONLY at this Time: <input type="checkbox"/> (check here and sign in next block.)	Signature of Authorized Township Official:
Authorize to PROCEED with project: <input type="checkbox"/> (check here and sign in next block.) – (Township will participate in cost of project)	Signature of Authorized Township Official:
Township wishes to CANCEL project: <input type="checkbox"/> (check here and sign in next block.)	Signature of Authorized Township Official:

Road Name: _____

FROM: _____ TO: _____

Is this a Township / County Line Road? _____ YES _____ NO

(If yes please indicate the other Township / County) _____

All Projects on Township or County Line Roads Require You to Contact the Neighboring Township to Obtain Authorization for Participation in this Request.

TYPE OF CONSTRUCTION (Please mark an "x" next to the appropriate type)

Annual Dust Control	Drainage Only
Crack Sealing	Design - Survey
Chip & Seal	Drainage and Chip Seal
Sweeping after Local Chip Seal	Drainage and Paving
Chip Lock	Paving Only
Maintenance Limestone	Bridge Repair
Hot Patching	Bridge Replacement
Cross-Culvert Replacement	Traffic Signal
Other: _____	

IMPORTANT - - - - - MAIL THIS FORM TO:
 Saginaw County Road Commission, Attn: Project Request Department
 3020 Sheridan Avenue, Saginaw, MI 48601