

TOWNSHIP AUTHORIZATION FORM

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)	Signature of Authorized Township Official:
Authorize to PROCEED with project: <input type="checkbox"/> (check here and sign) (Township will participate in cost of project)	Signature of Authorized Township Official:
Township wishes to CANCEL project: <input type="checkbox"/> (check here and sign)	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)

<input type="checkbox"/>	Annual Dust Control	<input type="checkbox"/>	Drainage Only
<input type="checkbox"/>	Crack Sealing	<input type="checkbox"/>	Design - Survey
<input type="checkbox"/>	Chip & Seal	<input type="checkbox"/>	Drainage & Chip Seal
<input type="checkbox"/>	Sweeping After Local Chip Seal	<input type="checkbox"/>	Drainage & Paving
<input type="checkbox"/>	Chip Lock	<input type="checkbox"/>	Paving Only
<input type="checkbox"/>	Maintenance Limestone	<input type="checkbox"/>	Bridge Repair
<input type="checkbox"/>	Hot Patching	<input type="checkbox"/>	Bridge Replacement
<input type="checkbox"/>	Cross-Culvert Replacement	<input type="checkbox"/>	Traffic Signal
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

MAIL TO:

Saginaw County Road Commission, Attn: Project Request Department
 3020 Sheridan Avenue, Saginaw, MI 48601

Email: twprequests@scrc-mi.org