

Road Application Form

Emergency and Transportation Revolving Fund Program

Priority # (Attach a location map for each below)

() Roadway Project: Proposed improvement _____
 Project Cost Estimate: \$ _____ (Includes labor, equipment, materials)
 Road Name: _____
 Comm. District: _____ Road: Major Minor Collector No. _ Local (check one)
 Beg. Latitude: _____ Beg. Longitude: _____
 End Latitude: _____ End Longitude: _____
 New Project: Description/Location/Length _____

Fund reimbursement source: _____ Anticipated reimbursement date: _____

Office Use Only: Project Number: _____
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BOARD OF COUNTY COMMISSIONERS

County, Oklahoma

Date

Chairman

Member

Member

Attest:

County Clerk

Circuit Engineering District # _____
_____ CED Executive Board Member
_____ CED Approval Date