

TUSCOLA COUNTY ROAD COMMISSION

WORK REQUEST FORM

ONE ROAD PER SHEET PLEASE

Township Name: _____ Date: _____

mm/dd/yy

Township Official: _____
(Please Print Clearly Name and Title)

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

Estimate ONLY at this Time: _____	Signature of Authorized Township Official: _____
Mail Agreement with Estimate: _____ (Township will participate in cost of project)	Signature of Authorized Township Official: _____

Road Name: _____

FROM: _____ TO: _____

TYPE OF WORK

(Please mark an "X" next to the appropriate work)

SECTION II - \$25,000 Allowance		SECTION III - \$10,000 Allowance		SECTION IV - \$5,000 Allowance	
<input type="checkbox"/>	Survey, Design, & Public Hearing	<input type="checkbox"/>	Gravel Patching (22A, 23A)	<input type="checkbox"/>	Ditching/Ditch Petition
<input type="checkbox"/>	Grade, Base, Drainage	<input type="checkbox"/>	Limestone Patching (22A, 23A)	<input type="checkbox"/>	Additional ROW Tree Clearing
<input type="checkbox"/>	Crush, Shape, & Stabilize	<input type="checkbox"/>	HMA Machine Patching	<input type="checkbox"/>	Roadside Brush Spray
<input type="checkbox"/>	Crush & Shape	<input type="checkbox"/>	Micro Surfacing	<input type="checkbox"/>	Overband Crack Filling
<input type="checkbox"/>	HMA Overlay (3", 2", 1.5")	<input type="checkbox"/>	Scrub Seal w/ Fog Seal	<input type="checkbox"/>	Pavement Marking- Edge Line
<input type="checkbox"/>	Chip Seal: Prime & Double or Final	<input type="checkbox"/>	Single Chip Seal w/ Fog Seal	<input type="checkbox"/>	Pavement Marking- Center Line
<input type="checkbox"/>	Double Chip Seal w/ Fog Seal	<input type="checkbox"/>	Other (detail below)	<input type="checkbox"/>	Dust Control
<input type="checkbox"/>	Scrub Seal w/ Fog Seal	<input type="checkbox"/>		<input type="checkbox"/>	Other (detail below)
<input type="checkbox"/>	Single Chip Seal w/ Fog Seal	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Micro Surfacing	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Clear Right of Way	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Shoulder Resurfacing	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	3" Cr. Limestone (22A, 23A)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	3" Cr. Gravel (22A, 23A)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other (detail below)	<input type="checkbox"/>		<input type="checkbox"/>	

*Please specify if township would like a specific application, product, or amount. Otherwise TCRC will provide their recommendation. *

Other: _____

IMPORTANT- - - - MAIL THIS FORM TO:

Tuscola County Road Commission
Attn: Operations Engineer
1733 S. Mertz Rd. Caro, MI 48723-9516

EMAIL TO: wgreen@tuscolaroad.org