



COUNTY OF SANTA BARBARA  
 DEPARTMENT OF PUBLIC WORKS  
**ROAD MAINTENANCE SECTION**  
**Project Request Form**

RM-0102 (REV. 5/16/96)

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

Check Appropriate Boxes To Send to Requestor:	(Y)	(N)
Copy of this Request	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Annual Maintenance Plan Hearing Dates:	<input type="checkbox"/>	<input type="checkbox"/>

**Location:** (Attach Vicinity map)

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

Maintenance Area:																																									
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**Description of Work:** (Be As Specific As Possible)

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

**Project Referred for Scope Recommendations and Cost Estimate.To:** (Check Box)

Construction [ ]    Engineering [ ]    Maintenance [ ]    Transportation [ ]    Other [ ]

**Recommended Scope of Work:**

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

**Cost Estimate Of Work Recommended: \$** \_\_\_\_\_

**Preliminary Environmental Review:** (CEQA/Permits)

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

**Pictures:** (Attach on Separate Sheet and Label)

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

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

