**PROJECT PLAN TRANSMITTAL**

Locals 02/2020

The Local Public Agency is furnishing the project plan and supporting documents for the improvement indicated below.

|  |  |
| --- | --- |
| To | From – Name, Address, City, State, ZIP Code |
| Improvement Project ID | County |
| Highway Route Number or Name | |
| Improvement Limits | |
| Project Classification | |
| Work Plan Due Date | Anticipated Year of Improvement Construction |

The work plan is required at the above address on or before the due date indicated.

|  |  |  |  |
| --- | --- | --- | --- |
| Local Public Agency Name |  |  |  |
| Consultant Name |  | (Local Public Agency or Consultant Representative Signature)  (If Computer-filled, Brush Script Font) | (Date) |
|  |
|  |  | (Title) |  |

**PROJECT PLAN ACKNOWLEDGEMENT**

***Return this form within 7 days of receipt to address shown above.***

Receipt of the above transmittal is acknowledged.

|  |  |  |  |
| --- | --- | --- | --- |
| Utility Name |  |  |  |
| Utility Representative Name – Please Print |  | (Utility Representative Signature) | (Date) |
|  |  | (Title) |  |