**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) |  |