ATTACHMENT A TOWN OF SMITHVILLE ROAD USE AGREEMENT WORKSHEET

Landowner and or Lessee:	
Address:	
Phone: ()	
Description of work to be done (logging, gravel, mi	ining, etc.)
Work Location:	
Contractor:	
Address:	
Phone: ()	
Start Date: Comple	etion Date:
Expected maximum gross vehicle weight:	
Anticipated number of vehicle trips:	
Signature:	
	Date:
Signature Smithville Highway Superintendent	-
FOR OFFICIAL USE Description of Necessary Repairs:	ONLY
Date of Completion:	
	Date:
Signature Smithville Highway Superintendent	