



MUNICIPAL AND COUNTY ROAD AID EMERGENCY REQUEST
(Complete one request per location.)

SECTION 1: REQUESTOR INFORMATION *(Indicate either City & Mayor OR County & Judge.)*

CITY	<u>OR</u>	COUNTY
MAYOR		JUDGE

CONTACT PERSON <i>(Responds to questions.)</i>	EMAIL ADDRESS	PHONE	
ADDRESS <i>(street)</i>	CITY	STATE	ZIP

SECTION 2: PROJECT LOCATION & NATURE OF REQUEST

STREET/ROAD NAME	STREET/ROAD NUMBER
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PROJECT LOCATION *(Provide name of nearest intersecting road **and** its distance/direction from the project.)*

BEGINNING MILE POINT	ENDING MILE POINT	Note: Use KYTC online maps to determine accurate mile points.
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NARRATIVE OF EMERGENCY REQUEST *(Describe below. Attach photos and detailed estimate.)*

Does the emergency for which aid is requested fall within an Emergency Declaration? Yes No
 If yes, indicate the type of declaration. Statewide Countywide
 Date of Declaration: ___ / ___ / _____
 MM DD YYYY

Concerning this request, have you applied for FEMA assistance? Yes No
 If yes, have you been awarded a funding grant? Yes No
 If yes, provide the amount awarded. \$_____

TOTAL PROJECT COST ESTIMATE: \$

SECTION 3: REQUESTOR SIGNATURE *(Either City Mayor or County Judge, as indicated in Section 1.)*

PRINTED NAME	SIGNATURE	DATE SIGNED