



KENTUCKY TRANSPORTATION CABINET
Department of Rural and Municipal Aid
OFFICE OF RURAL AND SECONDARY ROADS

TC 20-16
Rev. 04/2025
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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 (Responds to questions.)	EMAIL ADDRESS		PHONE
ADDRESS (street)	CITY	STATE	ZIP

SECTION 2: PROJECT LOCATION & NATURE OF REQUEST

STREET/ROAD NAME		STREET/ROAD NUMBER	
PROJECT LOCATION (Provide name of nearest intersecting road <u>and</u> its distance/direction from the project.)			
BEGINNING MILE POINT	ENDING MILE POINT	LATITUDE, LONGITUDE (decimal degrees)	

Note: Use KYTC online maps to determine accurate mile points, as well as latitude and longitude.

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