



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

TC 20-16  
 Rev. 08/2019  
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**MUNICIPAL AND COUNTY ROAD AID EMERGENCY REQUEST**

*(Complete one request per location.)*

**SECTION 1: CITY/COUNTY INFORMATION**

<b>CITY</b>	<b>MAYOR</b>	<b>COUNTY</b>	<b>JUDGE</b>
<b>CONTACT PERSON</b>	<b>EMAIL ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>
<b>ADDRESS (street)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**SECTION 2: PROJECT LOCATION & NATURE OF REQUEST**

<b>STREET/ROAD NAME</b>	<b>STREET/ROAD NUMBER</b>
<b>PROJECT LOCATION (name of nearest intersecting road <u>and</u> distance from project)</b>	<b>BEGINNING MILE POINT</b>
	<b>LENGTH OF PROJECT</b>

**NARRATIVE OF EMERGENCY REQUEST** *(Explain in detail the nature of the emergency request.)*

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: PRIOR PROJECT REQUESTED** *(Use additional sheets if needed.)*

<b>ROAD NAME &amp; NUMBER</b>	<b>TYPE OF WORK</b>	<b>COMPLETED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
		<b>TOTAL SPENT: \$</b>

**FOR DEPARTMENT OF RURAL AND MUNICIPAL AID USE ONLY**

Reviewed/Recommended by:	Recommended Amount: \$	Date:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
Approved or Denied by:	Approved Amount: \$	Date:
Reason for Denial:		