FORM NO. EXC-1 rev. 01/16 State of Connecticut DEPARTMENT OF TRANSPORTATION

To:	The Commissioner of Transportation
	PO Box 317546
	Newington, CT

Pursuant to the provisions of Section 13b-30 of the General Statutes of Connecticut, as revised, you are requested to perform the following work in the fiscal year ending June 30, 20____.

Department:				
Name of Agency:		Town:		
Name of person familiar with	work to be done:			
Telephone:	email:			
Description of work to be do	ne:			
Maintenance	_Improvement _	Snow Removal	Salt	Liquid Magnesium
Location:				
Date Requested:				
			1100	
SPACE	BELOW FOR DE	PARTMENT OF TR	ANSPORTATI	<u>ON USE</u>
Estimated Cost of Proposed	Project:	_Estimated by:		
Type of Work:				
Reviewed by:				_ Date:
Reviewed by: District Mainter	nance Director			
Reviewed/Approved by: Tran	sportation Maintena	ance Administrator		_ Date: