

EMERGENCY COUNTY BRIDGE AND CULVERT AID APPLICATION

Please fill out the application below for emergency culvert aid.

**Please include a marked proposed project location on a plat map copy
and a picture of the existing culvert for review.**

Township: _____

Chairman: _____

Print Name

Signature

Phone No.: _____

Culvert Installation Date: _____

Section:	Road:	Existing Culvert: (Diameter x Length)	Requested Culvert: (Diameter x Length)

Road Closure Necessary? (Select One) Yes No

Reason for culvert failure:

Deteriorated

High Water Event Date: _____

Other: _____

Name of Individual who contacted the Highway Commissioner prior to replacement:

Name: _____

Position: _____

Date Commissioner was contacted: _____

Number of pictures of culvert prior to replacement work you are submitting: _____

Number of pictures of road surface prior to replacement work you are submitting: _____

Return this form, the marked plat map and photo(s) to:

Mail:
Clark County Highway Department
511 W. South Street
Loyal, WI 54446

Email:
brian.duell@co.clark.wi.us
Fax:
(715) 743-2219