REQUEST FOR DRAINAGE ANALYSIS

P.O. BOX 427 / 1991 COUNTY ROAD 13 / BELLEFONTAINE, OHIO 43311

OFFICE USE ONLY:

WO #: 0455 - ___ ___ ___

TOWNSHIP/MUNICIPALITY:

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_____

OFFICE OF THE

LOGAN COUNTY ENGINEER

CONTACT PERSON:

PHONE #:

WORK LOCATION:

_____

DATE:

SCOPE OF WORK: (be descriptive)

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By signing I understand the Logan County Engineer's Office will be billing the client all actual costs up to an amount not to exceed $350.00 with goods deliverable upon payment.

SIGNATURE

WEBSITE: HTTP://loganco.co.logan.oh.us/engineer/ (937) 592-2791 / (937) 599-2658 FAX