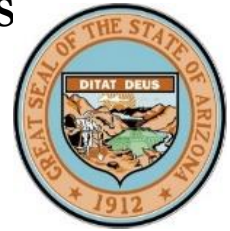# APACHE COUNTY BOARD OF SUPERVISORS
DISTRICT 2
ALTON JOE SHEPHERD

<u>ROAD ASSESSMENT</u>

Name: _____ Date: _____

Contact Number: _____ Community/Chapter: _____

Does your chapter have a grader or a tractor?   YES ☐   NO ☐

Which entity maintains your road?   NDOT ☐   BIA ☐   COUNTY ☐   RD# _____

SERVICE REQUEST: _____

_____

_____

_____

_____

Draw Map of Area

N

W ←——→ E

S

APACHE COUNTY IS ONLY RESPONSIBLE FOR IT'S COUNTY ROADS AND SCHOOL BUS ROUTES

NO courtesy blading UNLESS Declaration of Emergency is declared by the Board of Supervisors

I understand that this assessment is not a guarantee of work requested: _____

Signature   Date

HOURS WORKED: _____   TYPE OF EQUIPMENT: _____

SCHOOL BUS ROUTE? _____   HIGH RISK PATIENT? _____

CREW COMMENTS: _____

_____

_____

_____

_____

_____

_____

_____

_____

DATE RECEIVED:	DATE ASSESSED:	DATE COMPLETED:

Received by: Assessed by: Completed by: