

**LOCAL BRIDGE PROGRAM
PROJECT CONTACT INFORMATION VERIFICATION FORM**

Bridge No. _____
Project No. _____
Municipality Name _____
Street Name _____

Please fill out the following applicable fields regarding municipal contact information and designer contact information for the following. **Municipality is responsible for re-submitting this form by DECEMBER 31 OF EACH SUBSEQUENT YEAR as the below leadership roles change.** No submission is required if there are no leadership changes. Only note informational changes below, otherwise please leave section blank.

Municipality Lead Office Street Address _____

Town _____ Zip Code _____

Chief Official Name _____

Chief Official Position/Title _____ Political Affiliation _____

Email Address _____ Phone Number _____

Municipality Engineer Name _____

Email Address _____ Phone Number _____

Public Works Director Name _____

Email Address _____ Phone Number _____

Treasurer Name _____

Email Address _____ Phone Number _____

Municipal Clerk Name _____

Email Address _____ Phone Number _____

Project Designer Firm Name _____

Designer Firm Address _____

Town _____ Zip Code _____

Lead Project Engineer Name _____

Email Address _____ Phone Number _____