



TAYLOR COUNTY

TURN-OFF PERMIT COUNTY ROAD RIGHT-OF-WAY

FEE: \$5.00
NON REFUNDABLE

NAME: _____

MAILING ADDRESS: _____

PHONE #: _____

TURN OFF ADDRESS: _____

DIRECTIONS: _____

I CERTIFY THAT THE TURN-OFF WILL BE INSTALLED ACCORDING TO SPECIFICATIONS OF THE TAYLOR COUNTY PUBLIC WORKS DEPARTMENT. I UNDERSTAND THAT IF THE TURN-OFF IS NOT INSTALLED ACCORDING TO THE SPECIFICATIONS, IT WILL BE REMOVED FROM THE COUNTY ROAD RIGHT-OF-WAY, AT THE OWNERS EXPENSE, AND WILL NOT BE MAINTAINED BY THE COUNTY.

DATE

APPLICANT

DATE

HANK EVANS
PUBLIC WORKS DIRECTOR