



CHEYENNE AND ARAPAHO DEPARTMENT OF TRANSPORTATION ROADS PROGRAM



DRIVEWAY ASSISTANCE PROGRAM APPLICATION

PERSONAL INFORMATION:

NAME: _____ DOB: _____
LAST FIRST MI MM/DD/YYYY

ADDRESS: _____ CDIB/ROLL #: 12801A
STREET/PO BOX CITY ZIP CODE

PREFERRED CONTACT OPTION: _____ PHONE #/EMAIL: _____

TYPE OF HOME OWNERSHIP: _____ PROOF OF OWNERSHIP ATTACHED: _____

DESCRIPTION OF NEED: Please provide the types of service you are requesting to ensure safe access to your residence. Please include if the need is for a bus route or due to a handicap or disability.

I, the undersigned APPLICANT, hereby certify that the above information is true and correct to the best of my knowledge. I also certify that I have read the Driveway Assistance Program (DAP) Policy and agree to comply with and abide by the terms and conditions of the Driveway Assistance Program policy.

SIGNATURE

DATE

CONSENT OF RELEASE OF INFORMATION

I do do not give the Roads Program of the Cheyenne and Arapaho Department of Transportation permission to release or use information related to service(s) provided and only specific to construction progress and/or project photos. It is understood that said information shall only be used to provide reports for publication and only for general information purposes only. It is further understood that no personal information will be released.

SIGNATURE

DATE

ROADS PROGRAM USE ONLY

ASSESSED: _____ PLAN/SOW: _____ SCHEDULED: _____ COMPLETED: _____ PLAN/SOW APPLIED: _____ COST: _____