

Grant County Highway Department - Material Request Form

Agency Name:
 Phone Number:
 Requested Pickup Date:

Requested By:
 Date of Request:

Item Description	Size / Specification	Quantity	Unit	Intended Use / Location

Project Location

Road Name: Township:
 Nearest Address / Intersection:
 Brief Description of Work:

Contractor/Material Pickup Rep: Date:
 Township Representative Signature: Date:
 County Highway Approval: Date:

Contact and Schedule BEFORE PICKUP

County Highway Superintendent 608.723.2595
twood@co.grant.wi.gov

NO MATERIAL PICKUP WITHOUT PRIOR APPROVAL FROM AGENCY OR COUNTY