Submit by Email | Print Form

MATERIAL REQUEST FORM

Township: _____ Date: _____

Road Name and Number: _____

MATERIAL REQUESTED FROM COUNTY STOCK

ODOT Item No.	Description	Quantity	Unit

If this is Pipe Usage ***circle*** the appropriate application: Cross-Over ☐ Side Drain ☐

_____ _____
Township Trustee Approval Date

_____ _____
Received By Date

MATERIAL RELEASED FROM COUNTY STOCK

ODOT Item No.	Description	Quantity	Unit	Unit Price	Item Cost

Total Cost: _____

_____ _____
Wood County Highway Authorized Signature Date