

MITCHELL COUNTY PUBLIC WORKS

Joseph Ross
Road Superintendent

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DRIVEWAY APPLICATION

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Alternate Phone: _____

How do we get to where the driveway will be installed?

CHOOSE HOW LONG YOU WANT THE DRIVEWAY: 24' ___ 30' ___
DO YOU NEED A DIFFERENT LENGTH? _____

Staked: ___ Date: _____

SIZE:

Diameter of Driveway: 15" 18" 24" 30" 36"

COSTS:

Pipe _____
Flared Ends _____
Band _____
Other _____
Total: _____

FOR OFFICE USE ONLY:

Contacted: _____
Date: _____
Attempts: 1st ___ 2nd ___

Paid Date: _____
Per: _____
Document No: _____

Installed by: _____
Date: _____

Comments:

NO: