Revised
01/13/03

CLINTON COUNTY ROAD COMMISSION
COMPLETION NOTIFICATION

Permit No. _____ **Date Issued** _____

Applicant _____

Address _____

Telephone _____ **FAX** _____

Depositor _____

Address _____

Telephone _____ **FAX** _____

Work Completion Date _____

Release of deposit **yes** ☐ **no** ☐

Cancellation of permit **yes** ☐ **no** ☐ **Extend to date** _____

REMARKS (reasons for recommendations) _____

_____

_____

_____

_____

_____

_____

_____

_____

Amount to be refunded or released **$** _____

REMARKS (requirements for future release of any retained balances) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Clinton County Road Commission Inspector **Date**