

**CLAIM FOR STATE OF GOOD REPAIR PROGRAM FUNDS**

TO: PLACER COUNTY TRANSPORTATION PLANNING AGENCY  
299 NEVADA STREET, AUBURN, CA 95603

FROM: CLAIMANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The \_\_\_\_\_ hereby requests, in accordance with the State of California Public Utilities Code commencing with Section 99200 and the California Code of Regulations commencing with Section 6600, that this claim for State of Good Repair Funds be approved in the amount of \$ \_\_\_\_\_ for Fiscal Year \_\_\_\_\_, for the following purposes to be drawn from the State of Good Repair Program fund deposited with the Placer County Treasurer.

Transit Capital (6730b): \$ \_\_\_\_\_

When approved, this claim will be transmitted to the Placer County Auditor for payment. Approval of the claim and payment by the County Auditor to the applicant is subject to such monies being available for distribution, and to the provisions that such monies will be used only in accordance with the terms of the approved annual financial plan and budget.

**APPROVED:**

PLACER COUNTY  
TRANSPORTATION PLANNING AGENCY  
BOARD OF DIRECTORS

APPLICANT

BY: \_\_\_\_\_  
(signature)

BY: \_\_\_\_\_  
(signature)

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_