

THE CITY OF YACHATS
 CAPITAL IMPROVEMENT PLAN (CIP) PROJECTS PROCESS
PROPOSED PROJECT REQUEST FORM



PROJECT REQUEST FORM	STEP 1
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	PRIORITY:	LOW	MED > LOW	MED	MED > HIGH	HIGH
DATE SUBMITTED:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATING COMMISSION OR COMMITTEE:						
PRIMARY CONTACT:						
PREPARED BY:						
PROJECT TITLE:						
GOAL OR MISSION:						
REQUEST:						
COMMUNITY IMPLICATIONS:						
BUDGETARY IMPLICATIONS:						
ENVIRONMENTAL IMPLICATIONS:						
ADDITIONAL NOTES:						

SEND COMPLETED FORM TO: CIP@YACHATSMAIL.ORG
CITYMANAGER@YACHATSMAIL.ORG

FOR OFFICE USE ONLY

DATE:	
RECEIVED BY:	
CITY MANAGER:	
SCHEDULED AGENDA DATE:	
REVIEW NOTES:	
PRF APPROVED:	
PRF DENIED:	
PROCEED TO RANKING AND FINANCE COMMITTEE REVIEW:	