

Date: \_\_\_\_\_

Arkansas' Bridge Inspection Program  
For Local Governments

Designated Contact Person

The individual named below is hereby designated the principal contact person between this agency and the Arkansas State Highway and Transportation Department in matters relating to inventory, inspection and load rating of bridges on our public highway system.

Designated Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address:  
(optional) \_\_\_\_\_

\_\_\_\_\_

Official's Signature: \_\_\_\_\_  
City Mayor/Administrator or County Judge

Name of City or County: \_\_\_\_\_

FORWARD THIS COMPLETED FORM TO YOUR AHTD DISTRICT CONSTRUCTION ENGINEER.