

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
APPLICATION FOR PRELIMINARY ESTIMATE
BRIDGE AID**

TO THE COMMISSIONER:

The Town/City of _____ hereby applies for a Preliminary Estimate for the cost of replacing or rehabilitating Bridge No. _____ on _____ (name of highway), a Class II, IV, or V highway, and for the municipality's share of the costs of such replacement or rehabilitation under Bridge Aid Law, RSA Chapter 234.

Date: _____

Chairman, Mayor, Town/City Manager

Selectman

Selectman

RETURN TO: Municipal Highways Engineer
Bureau of Planning and Community Assistance
NH Department of Transportation
PO Box 483, Concord, NH 03302-0483

NOTE: *The bridge number may be secured from the District Engineer.*

After examination of the bridge site, the Department of Transportation will send the requested Preliminary Estimate to the Chairman, Mayor, or Town/City Manager so the municipality may raise or appropriate the necessary funds.