

# Project Idea Form

Name:

Address:

E-mail:

Phone Number:

Who does this project effect?     The Community     Your Street

Under what category does the project fall? Check all that apply.

Aesthetics     Improvement     Repair     Safety     Other \_\_\_\_\_

Description of Idea:

Why should the Board consider this project?

Signatures of five (5) addresses supporting this idea:

Signature

Name

Address

---

---

---

---

---

**\*\*Submission of this form does not constitute approval of the project described above. All suggestions are considered by the Board based on its applicability to the community, community feedback and associated costs.**