

Complete the information below, add the appropriate attachments and submit to:

Kenneth Franks, State TIA Administrator
Georgia Department of Transportation
600 West Peachtree Street, NW
Atlanta, Georgia 30308

I, Bill Slaughter (Name), the Chairman

(Title), on behalf of Lowndes County Board of Commissioners, who being duly sworn do swear that the

information given herein is true to the best of his/her knowledge and belief.

LOCAL GOVERNMENT:

_____ (Signature)

Sworn to and subscribed before me,

Chairman (Title)

This _____ day of _____, 20____.
In the presence of:

_____ (Date)

NOTARY PUBLIC

SEAL:

My Commission Expires: