



# CITY OF LONE TREE

Public Works Department

## REQUEST FOR PROBATIONARY ACCEPTANCE

DATE: \_\_\_\_\_

TO: CITY OF LONE TREE DEPARTMENT OF PUBLIC WORKS

SUBJ: Probationary Acceptance for the traffic signal installed at the intersection  
of: \_\_\_\_\_ and \_\_\_\_\_  
MAJOR ROADWAY MINOR ROADWAY

I HEREBY REQUEST THAT THE CITY OF LONE TREE PUBLIC WORKS DEPARTMENT ACCEPT THE  
SIGNAL LISTED ABOVE FOR PROBATIONARY ACCEPTANCE.

OWNER/DEVELOPER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

NAME AND TITLE OF INDIVIDUAL SUBMITTING REQUEST \_\_\_\_\_

\_\_\_\_\_

### PUBLIC WORKS DEPARTMENT APPROVAL

ANY COMMENTS OR CONDITIONS RELATIVE TO THIS PROBATIONARY ACCEPTANCE ARE  
NOTED BELOW:

1. PROBATION PERIOD IS TWO YEARS FROM PROBATIONARY ACCEPTANCE.
2. THE OWNER/DEVELOPER IS RESPONSIBLE FOR REQUESTING THE FINAL  
INSPECTION AND FULL-TERM MAINTENANCE AFTER THE PROBATION PERIOD HAS  
ENDED.
3. A PUBLIC WORKS RECOMMENDATION FOR FULL-TERM MAINTENANCE WILL ONLY  
BE GRANTED AFTER A FINAL INSPECTION HAS DETERMINED THAT THERE ARE NO  
OUTSTANDING ISSUES WITH THE SIGNAL AND ASSOCIATED APPURTENANCES.

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF PUBLIC WORKS

\_\_\_\_\_  
DATE OF PROBATIONARY ACCEPTANCE



# CITY OF LONE TREE

Public Works Department

## REQUEST FOR FULL-TERM MAINTENANCE

DATE: \_\_\_\_\_

TO: CITY OF LONE TREE DEPARTMENT OF PUBLIC WORKS

SUBJ: Full-Term Maintenance Acceptance for the traffic signal installed at the  
intersection of:  
\_\_\_\_\_ and \_\_\_\_\_  
MAJOR ROADWAY MINOR ROADWAY

I HEREBY REQUEST THAT THE CITY OF LONE TREE CITY COUNCIL ACCEPT THE TRAFFIC  
SIGNAL LISTED ABOVE FOR FULL-TERM MAINTENANCE.

DATE OF PROBATIONARY ACCEPTANCE \_\_\_\_\_

OWNER/DEVELOPER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME AND TITLE OF INDIVIDUAL SUBMITTING REQUEST \_\_\_\_\_

\_\_\_\_\_

### PUBLIC WORKS DEPARTMENT RECOMMENDATION

THE CITY OF LONE TREE DEPARTMENT OF PUBLIC WORKS RECOMMENDS APPROVAL OF THE  
ABOVE REQUEST. ANY COMMENTS OR CONDITIONS RELATIVE TO THIS RECOMMENDATION  
ARE NOTED BELOW:

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF PUBLIC WORKS

\_\_\_\_\_  
DATE OF RECOMMENDATION

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
DATE OF APPROVAL