

**CITY
NOMINATION FORM**

BEST ASPHALT PAVING PROJECT

SPONSORED BY: ASPHALT PAVEMENT ASSOCIATION OF OREGON



**5240 Gaffin Road SE
Salem, OR 97317**

PH: 503-363-3858 FX: 503-363-5571

RETURN BY: SEPTEMBER 14, 2007

NAME OF CITY: _____

NAME OF PROJECT: _____

NAME OF STREET: _____

PAVING LIMITS FROM: _____

TO: _____

Type of Construction:

CATEGORY:

New: _____	Commercial/Industrial: _____	State Highway: _____
Overlay: _____	EAC: _____	Urban: _____
Widen & Overlay: _____	Rural: _____	Urban Arterial: _____
	Special: _____	Smoothness: _____
Base Rock Thickness: _____	Type of Mix: _____	
Paving Thickness: _____		
No. of Paving Lifts: _____		
Completion Date: _____		

CITY PERSONNEL

(PLEASE LIST -MAXIMUM- OF **THREE** PERSONS TO BE ENGRAVED ON PLAQUE - IF AN AWARD IS WON)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

For Information Contact: _____ Phone #: _____ Fax #: _____

E-Mail: _____

PAVING CONTRACTOR PERSONNEL

Contractor: _____ City: _____

Paving Superintendent: _____ Phone #: _____

Paving Foreman: _____ Plant Foreman: _____