

Application for Landscape Partnership Program

(Date of Application)	
(Name of Authorized Representative)	(Title)
(Address of Authorized Representative)	(Phone Number)
(Name, Address and Phone of Contact Person if Different from Above	ve)
I. Describe proposed project location description and attach detailed	d map.
II. Provide detailed design plan of proposed landscape project (attac descriptive text). The design plan must be attached to this Application this application.	
III. Estimate proposed project value (including installation & minimum valuation purposes.) \$	n two year maintenance) to be used for donation
	(Authorized Signature)
	(Printed or Typed Name)
Mail this Application and Design Dlan to: TEVAS DEDARTMENT OF	T TRANSPORTATION
Mail this Application and Design Plan to: TEXAS DEPARTMENT Of Attention:	FIRANSPORTATION
Mailing Address:	