## CITY OF BASTROP CAPITAL IMPROVEMENT PROGRAM SURVEY

1. Capital Need	:					
2. Why is this a	need?					
3. Location of t	he project o	r need?				
4. Attach photo	of the pote	ntial proj	ect or nee	d. (Optio	onal)	
		ntial proj	ect or nee	d. (Optio	onal)	
		ntial proj	ect or nee	d. (Optio	onal)	
5. Contact Info		ntial proj	ect or nee	d. (Optio	onal)	
5. Contact Info		ntial proj	ect or nee	d. (Optio	onal)	
5. Contact Info Name Address		ntial proj	ect or nee	d. (Optio	onal)	
5. Contact Info Name Address City/Town	rmation  urvey by mail to: s Office		ect or nee	d. (Optio	onal)	
5. Contact Information Name Address City/Town ZIP/Postal Code  Please submit this structure of Bastrop Attn: City Manager' 1311 Chestnut Stree	rmation  urvey by mail to: s Office t			d. (Optio	onal)	