

**Office of the Geauga County Engineer  
Gauga County Board of Commissioners  
Request for MRF Funding Encumbrance**

Date: \_\_\_\_\_

**Eligible Municipality:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Manager:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Approved GCE MRF #:** \_\_\_\_\_

**We request approval to encumber the MRF funding for the subject project.**

\_\_\_\_\_  
Project Manager Signature