

### MRTA MAINTENANCE PROGRAM

Please check

**Projected Maintenance Plan for Year 20** \_\_\_\_\_

**Annual Maintenance Report for Year 20** \_\_\_\_\_

Name of Trail Association: \_\_\_\_\_

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

Name of Trail Maintenance Leader: \_\_\_\_\_

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

Daytime telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Remember to attach copy of proof of insurance, copy of completed trail condition survey and maintenance plan for the forthcoming year.

| Activity / Project | Location | km | Timing | Cost |
|--------------------|----------|----|--------|------|
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Comments / Details

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