



Retroreflectometer Loan Program Request Form

Date: _____

Authorized Agency Contact: _____

Borrowing Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Preferred Date Range (Although we will try to fulfill requests, we cannot guarantee that requested dates will be available:

- 1.
- 2.
- 3.

Will you need a brief overview of how to use the retroreflectometers? Yes No

Secure location where equipment will be stored: _____

Please return form to:

ltap@mdot.ms.gov or (601) 359-7652 (Fax)
Mississippi Local Technical Assistance Program
Planning Division
Post Office Box 1850
401 N West Street
Jackson, MS 39215