

REFERENCED MONUMENT RESTORATION RECORD

CITY OF COLORADO SPRINGS
PUBLIC WORKS
30 S. NEVADA AVE., SUITE 403 P.O. BOX 1575, MAIL CODE 410
Phone (719) 385-5545 * Fax (719) 385-5537

REPORT ONE MONUMENT ONLY ON THIS FORM - REPRODUCTION OF THIS FORM IS AUTHORIZED
All items to be filled in by the Land Surveyor using PERMANENT BLACK LETTERING and lines which can be reproduced

1. TYPE OF MONUMENT: 5' X 5' OFFSET 5' OFFSET OTHER _____ OFFSET
2. DESCRIPTION OF MONUMENT FOUND:
3. DESCRIPTION OF MONUMENT ESTABLISHED BY YOU TO PERPETUATE THE LOCATION OF THIS POINT:
4. DATE OF FIELD WORK TO RESTORE OR REHABILITATE MONUMENT:
5. STREET NAMES AND CARDINAL LOCATION OF MONUMENT IN INTERSECTION.
6. SKETCH SHOWING RELATIVE LOCATION OF MONUMENT AND REFERENCE POINTS STATING WHETHER FOUND OR SET WITH DIMENSIONS, SHOW SUPPORTING AND/OR CONTRADICTIONARY EVIDENCE WHERE APPLICABLE:



CERTIFICATION

This is to certify that I was in responsible charge of the surveying work described in this record and that to the best of my knowledge the information presented herein is true and correct for the found referenced monument.

Name (Please Print): _____

Firm Name: _____

Firm Address: _____

Phone: _____

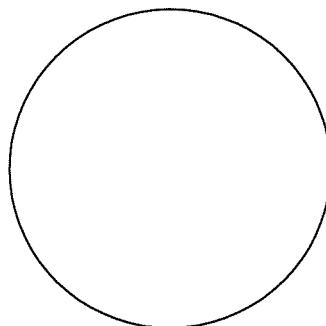
(Do not fill in)

RECEIVED AT OFFICE OF THE COUNTY CLERK
_____ COUNTY

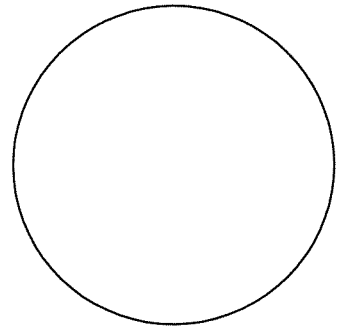
BY: _____

DATE: _____

Record to be filed by Index Reference Number
Numerically, then Alphabetically, under
appropriate Township, Range, and Meridian.



STAMPING ON CAP



SIGNATURE/DATE THROUGH SEAL

SEC _____ T _____ R _____, _____ P.M.
COUNTY EL PASO