WEST COAST INLAND NAVIGATION DISTRICT
PROJECT EXTENSION REQUEST

MEMBER COUNTY: _____

PROJECT NUMBER	INITIATION YEAR	PROJECT CATEGORY	REASON FOR EXTENSION	EXTENDED COMPLETION DATE

By: _____

Title: _____

Date: _____

A request to extend the projects as listed above has been approved for the existing Project Agreements by the WCIND Board of Commissioners on: _____, 20_____.

Signed: _____
WCIND Chair