



MICHIGAN DEPARTMENT OF TRANSPORTATION
 COST AGREEMENT FOR TRAFFIC SIGNAL
 CONTROL

Lansing Region
 District TSC
 County

Co. 4317

This agreement is terminable on thirty days notice by any party.

Typed Date 05/11/2004

LOCATION Construction Traffic Signal

Work Auth No. 08140

M-59 WB OFF RAMP AT HAMLIN RD (PROPOSED)

MDOT Plan No. 63043-01-017

Rochester Hills

Oakland County

Installation Date 7-14-05

Revision Date _____

* Under authority of state law and by virtue of resolutions formally adopted by their respective governing bodies (and herein submitted), the undersigned hereby agree to participate in the cost of installation, maintenance and operation of the above traffic signal control on the basis of the division of costs as determined by the provision of applicable statutes. Details of installation are as shown on attached Michigan Department of Transportation plan dated 02/16/2004. Title to equipment shall remain with the purchasing agency, and the proper credit of salvaged value shall be issued to all parties upon removal of the equipment, in proportion to their share of original cost.

Indicates Non-Participation by FHWA in Overhead Costs

PARTICIPATION

AGENCY	(BY CONTRACT)	INSTALLATION		MAINTENANCE	
		Per Cent	Estimated Cost	Per Cent	Estimated Annual Cost
Dept of Transportation 63043		%		34 %	\$294
Oakland County	County	%		66 %	\$570
Total		0 %		100 %	\$864

It is further agreed that the agency responsible for handling bills and/or leased line interconnection billings shall be Oakland County

DIRECTOR AGENDA

 7-15-04

It is further agreed that the agency responsible for performing signal maintenance type D shall be Oakland County

For Michigan Department of Transportation use ONLY.

APPROVED: Oakland County County Date <u>6/18/04</u> By <u>[Signature]</u> Director, 175 Dept. (Title of Authorized Official)	APPROVED: Date _____ By _____ (Title of Authorized Official)	APPROVED: By <u>[Signature]</u> Engineer of Traffic and Safety Date <u>7/2/04</u>
APPROVED: Date _____ By _____ (Title of Authorized Official)	APPROVED: Date _____ By _____ (Title of Authorized Official)	SIGNED: MICHIGAN DEPARTMENT OF TRANSPORTATION By <u>[Signature]</u> Title _____ Date <u>7/26/04</u>

* Two copies of resolution must be submitted with this form.

(See Reverse Side for an Outline of Policy)