



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**RECREATIONAL TRAILS PROGRAM CFDA 20.219**  
**FINAL INSPECTION REQUEST**

**PLEASE EMAIL THIS FORM WHEN YOU MAIL THE FINAL REIMBURSEMENT PACKAGE.**  
**PLEASE EMAIL REQUESTS TO [lwcf.rtp@dnr.mo.gov](mailto:lwcf.rtp@dnr.mo.gov)**

**PROJECT SPONSOR**

NAME		PROJECT NUMBER
PROJECT TITLE		
PROJECT SCOPE		
PROJECT PERIOD	DATE TO DATE	DATE THAT FINAL REIMBURSEMENT PACKAGE WAS MAILED

**RESPONSIBLE OFFICIAL FOR PROJECT**

NAME	CONTACT TELEPHONE NUMBER	
	OFFICE	CELL
CONTACT EMAIL		

**WHERE WILL STAFF MEET SPONSOR?**

- OFFICE       PROJECT LOCATION

**ADDRESS OF MEETING LOCATION**

ADDRESS	CITY	STATE	ZIP
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**NOTES**

**PLEASE IDENTIFY THREE DATES WITHIN 30 DAYS OF SUBMITTING THIS FORM THAT THE RESPONSIBLE OFFICIAL COULD ACCOMMODATE A GMS MEMBER FOR THE FINAL INSPECTION/WALK THROUGH:**

DATE	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON
DATE	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON
DATE	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON

Upon receiving this request, a GMS staff member will call you to confirm a final inspection meeting.