

Functional Classification Change Request Form

<i>DOTD District:</i>	<i>Prepared By:</i>	<i>Email:</i>
<i>Parish:</i>	<i>Title & Entity:</i>	<i>Phone:</i>
<i>City:</i>	<i>Signature:</i>	<i>Date:</i>

Street Name (Route)	Ownership	Begin Termini	End Termini	Length (Miles)	Existing (E) or Planned (P) Route	Current Functional Classification	Proposed Functional Classification	Annual Average Daily Traffic (AADT)

1. Written description of route (general characteristics including alignment details, road and shoulder type and width, speed limit, traffic generators, etc.)

2. A description of why the proposed functional classification change is requested and justification for the change.

3. Additional remarks pertinent to the functional classification change request. (attach additional page if necessary).

Note: A vicinity map is required with submission of the request. Documentation (email, letter, etc.) showing concurrence will also be accepted in lieu of signatures.



MPO CONCURRENCE (If within a MPO)	DATE
RECOMMENDED FOR APPROVAL (DOTD District Office)	DATE
RECOMMENDED FOR APPROVAL (Multimodal Planning)	DATE
APPROVED (FHWA)	DATE