**Date Request Initiated:**

**Local Government Requesting Change:**

**Instructions:** Complete the following information for each roadway segment that requires a change in functional classification. Use additional sheets as necessary.

|  |  |  |
| --- | --- | --- |
| **#** | **Description of Road Segment** | **Reason for Change** |
| **1** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **2** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **3** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **4** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **5** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **6** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **7** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |
| **8** | Road No. & Termini: |  |
| Mileage:Current FC:Proposed FC: | State Proj # (if applicable):Circle one: Proposed Rd/Existing Rd |

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| --- | --- | --- | --- | --- | --- |
| **Summary of Requested Changes:**For each request, summarize the change in functional classification mileage. Include miles added and miles deleted for each affected classification type. | **Request #** | **Principal Arterial** | **Major Collector** | **Minor Collector** | **Local****Road** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
|  | **Total** |  |  |  |  |

**Describe the impact of these changes on functional classification percentages in the jurisdiction and the plan for maintaining balance.**

|  |  |
| --- | --- |
| **City/County Engineer Signature** | **Date** |
| **RDC/MPO Board Review Signatures** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |
| **District Planner/District State Aid Engineer** | **Date** |
| **Next Steps for MnDOT District:** 1. Scan Signed Document to PDF format 2. Email PDF file to: \* City/County and RDC/MPO who initiated the request and any others as appropriate \* MnDOT State Aid Contact (As of July 2021, Kim DeLaRosa, State Aid, Kimberlie.delarosa@state.mn.us)  \* MnDOT Functional Class Change Contact (As of July 2021, Anna Pierce, OTSM, anna.m.pierce@state.mn.us) **A copy of the map showing the Change in Functional Classification should be attached to the email.** |
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