24 VAC 30-325
R07-176

Form U-2 (Rev. 1-1-07)

LOCAL ASSISTANCE DIVISION
VDOT
REQUEST FOR CHANGE IN FUNCTIONAL CLASSIFICATION SYSTEM

MUNICIPALITY_____

STREET NAME ROUTE NUMBER *	TERMINI FROM	TO	PRESENT FUNCT CLASS	PROPOSED FUNCT CLASS	CENTER-LINE MILES	NUMBER OF LANES	LANE MILES	FUNC. CLASS. (T&MPD USE ONLY)

*Council Resolution & map attached

SIGNED_____
RESIDENCY ADMINISTRATOR DATE

SIGNED_____
MUNICIPAL OFFICIAL DATE

CLASSIFIED BY_____
T&MPD ENGINEER DATE

Submit to: Residency Administrator in triplicate