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## ROAD RECORD REQUEST FORM

|                        |                                                                                                                                                                                                                                                  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Requestor Info</b>  | Name _____ Date _____<br>Company _____<br>Phone _____ Fax _____<br>Email _____                                                                                                                                                                   |
| <b>Classification</b>  | 1. State: All requests for State Route right-of-ways are to be directed to<br>ODOT District 11 at 330-339-6633.<br>2. County: Road Number _____ Road Name _____<br>3. Township: Road Number _____ Road Name _____                                |
| <b>Location</b>        | Political Township: _____<br>By Survey System: Survey Range _____ Survey Section _____<br>Survey Township _____<br>By Intersection: From intersection of _____<br>To intersection of _____<br>By Address: From address _____<br>To address _____ |
| <b>Office Use Only</b> | R/W Width _____<br>Road Record _____<br>_____<br>_____<br>Notes _____<br>_____<br>_____<br>_____                                                                                                                                                 |