		Function	al Classification (	Change Re	equest Forn	n		
DOTD District:	Prepared By:				Email:			
Parish:	Title & Entity:				Phone:			
City:	Signature:				Date:			
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 (gener	ai characteristics including a	angilinent details, road and si	iouider type and width, spe	eu mini, trainc g	enerators, etc.)			
2. A description of why the proposed	functional classification cha	nge is requested and justifica	tion for the change.					
3. Additional remarks pertinent to the	e tunctional classification cha	ange request. (attach addition	nai 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 (Office of Planning)	DATE
APPROVED (FHWA)	DATE