

# RIGHT OF WAY MAP REQUEST

(click on gray text box to enter data)

1. Project Title: \_\_\_\_\_

2. Right-of-Way Number: \_\_\_\_\_

3. Work Order Number: \_\_\_\_\_

4. Funding Source: \_\_\_\_\_

5. Requested by: \_\_\_\_\_

6. Project Type: (double click to select checkbox)

Street Improvement

Bridge Improvement

Storm water

Emergency Sewer Repair

Wastewater

Seismic

Other: \_\_\_\_\_

7. Date: \_\_\_\_\_

Please submit a copy of the design or detailed drawing of the area that needs to be acquired for permanent or temporary easements.

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**COMMENT:**