# M E M O R A N D U M

**DATE:**

**TO:** Carlos Martinez, District Right of Way Manager

**ATTN:**  Technical Services Unit (TSU)

**FROM:**

**CC:**

**SUBJECT: REQUEST FOR R/W CERTIFICATION**

 **LETTING DATE:**

 FM Number:

 Federal Aid Number:

 [ ]  State Road [ ] County Road [ ] City Road

 Road Number:

 Road Name:

 County:

 Description:

 Work Mix:

The above referenced project has been designed to utilize only existing right of way. I have made the following determinations:

1. **Right of Way:**

**For a State Road**: The limits of this project are contained within previous right of way map(s), as shown in the hanging files of Surveying and Mapping:

 Right of Way Section/Job Number Sheets

**For an Off-System Road**: The limits of this project are contained within various plat books or other records, as shown in the following public records:

Plat Book/Official Records Book/Page

I have reviewed these maps and/or records and determined that: (1) all proposed construction lies within existing right-of-way; (2) no additional right-of-way is required for this project; and (3) there are no encroachments within the existing right-of-way that affect the construction project with the exception of the items listed in Section 2 below that will be dealt with during construction.

**2. Exceptions:** (None if left blank)

**3. Utilities:**

\_\_\_\_ No utility currently has an interest that requires subordination on this project.

\_\_\_\_ All utility interests affected by this project have been subordinated.

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 Project Manager