

Date:

To:

From:

Subject:

Attached is one copy of Right of Way Plans submitted by \_\_\_\_\_. Please review the plans to ensure that the ROW needs of the project have been met and that they are in compliance with all applicable standards, rules, and regulations.

After you have completed your review, please sign and date this memo and return the plans to me. Should you have any comments on the plans, I ask that you note those at the bottom of this form or attach an additional page.

LPA Contact:

LPA Consultant:

Thank you.  
Roxanne Sullivan  
City-County Right of Way Coordinator  
Extension 4490

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewed / Approved

Comments:

---

---

---

---

---

---

---

---

---

---