

**Final**

**MPO Functional Class Change Request Form**

Termini:		Date:
Mileage:		
Current FC:		Proposed FC
Change Justification:		
City/ County Engineer Signature  Date:	MPO TAC Review Signature  Date:	
MPO contacts District Planner or District State Aid Engineer  Initial : _____ Date:	District Planner or State Aid Engineer  Signature Date:	
MPO Board Review Signatures		
MPO Staff notifies City/County Engineer  Initial: _____ Date:	MPO Staff decision to MN/DOT  Initial _____ Date:	MN/DOT Updates Functional Classification Database  Signature: _____ Date: