FUNCTIONAL CLASSIFICATION CHANGE REQUEST FORM

(rev 07/2021)

Date Request Initiated: _____

Local Government Requesting Change: _____

Instructions: Complete the following information for each roadway segment that requires a change in functional classification. Use additional sheets as necessary.

Description of Road Segment		Reason for Change
Road Name/No. & Termini:		
Mileage:		
Current FC:	State Proj # (if applicable):	
Proposed FC:	Circle one: Proposed Rd/Existing Rd	

Describe the impact of this change on functional classification percentages in the jurisdiction and the plan for maintaining balance.

City/County Engineer Signature	Date		
RDC/MPO Board Review Signatures	Date		
District Donner/District State Aid Engineer	Data		
District Planner/District State Aid Engineer	Date		
Next Steps for MnDOT District:			
1. Scan Signed Document to PDF format			
2. Email PDF file to:			
City/County and RDC/MPO who initiated the request and any others as appropriate			
* MnDOT State Aid Contact (As of July 2021, Kim DeLaRosa, State Aid, Kimberlie.delarosa@state.mn.us)			
* MnDOT Functional Class Change Contact (As of July 2021, Anna Pierce, OTSM, anna.m.pierce@state.mn.us)			
A copy of the map showing the Change in Functional Classification should be attached to the email.			