

National Highway System Change Request Form

Agency: _____ **Completed by:** _____ **Title:** _____ **Phone:** _____
County Name: _____ **City Name:** _____ **Date:** _____
ODOT Region: _____ **Reviewed by:** _____ **Date:** _____

Map Ref. No.	Street Name	ODOT Road ID	County Road ID	Jurisdiction	Begin Termini	End Termini	Length (miles)	Current Status	Proposed Status	Average Daily Traffic	Change Justification/Reason
EXAMPLE	Main St		123	County	1st St	5th St	0.23	NHS	Remove NHS	200	Road is closed to thru traffic and no longer serves as a connection to a Rail Facility

Link to Instructions for this form: https://www.oregon.gov/ODOT/Data/Documents/NHS_Change_Request_Instructions.pdf
 Copies of this form are available at: https://www.oregon.gov/ODOT/Data/Documents/NHS_Change_Request_Form.pdf