

**KANSAS DEPARTMENT OF TRANSPORTATION  
REQUEST FOR REVISION TO THE  
FUNCTIONAL CLASSIFICATION SYSTEM**

Two copies to Secretary of Transportation  
Sheet 1 of 2  
One Copy for County/City Files

Date \_\_\_\_\_

**WHEREAS:** The Secretary of Transportation, acting by and through the Department of Transportation of the State of Kansas, known as the SECRETARY, has been designated as agent for \_\_\_\_\_ County under and agreement dated \_\_\_\_\_, 20 \_\_\_\_, or

**WHEREAS:** The Secretary of Transportation (SECRETARY) will be designated as agent for the City of \_\_\_\_\_ under an agreement to be executed for requested projects, and

**WHEREAS:** It is necessary that all roads/streets be functionally classified and those functional classification designations be made by the Counties / Cities with the concurrence of the Secretary and the approval of the Federal Highway Administration, in compliance with the State and Federal laws pertaining thereto,

**NOW THEREFORE BE IT RESOLVED:** By the Board of County/City Commissioners of said County / City that the Secretary be and is hereby requested to submit for approval the revision to the functional classification of the road(s)/street(s) as described on Sheet 2 of 2, KDOT Form 1301b, in said County / City.

**IN ADDITION:** the Board of County/City Commissioners of said County / City hereby reaffirms the previously approved functional classifications of the remainder of the County / City roads/streets

**AND,** affirms that said County/City will not install or permit to be installed, any signs, signals, or markings not in conformance with the standards approved by the Federal Highway Administration pursuant to 23 U.S.C. 109(d) or the State's Certificate as applicable.

(Enclose map with requested revisions indicated in color described on Sheet 2 of 2, KDOT Form 1301b)

Adopted this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, in \_\_\_\_\_, Kansas.

Recommended for Approval:

Appropriate Local Official(s)

\_\_\_\_\_  
City/County Engineer/Administrator

\_\_\_\_\_  
Chairperson / Mayor

Attest:

\_\_\_\_\_  
Member

\_\_\_\_\_  
County/City Clerk

\_\_\_\_\_  
Member

**KANSAS DEPARTMENT OF TRANSPORTATION  
REQUEST FOR FUNCTIONAL CLASSIFICATION REVISION**

\_\_\_\_\_ Date: \_\_\_\_\_

The above stated County / City hereby requests the following revisions be made to the Functional Classification System.

Location Description	Requested Revision and Justification for Revision

\_\_\_\_\_  
City/County Engineer or Administrator