

Colorado Department of Transportation



Address 1 (Optional)
 Address 2
 City, CO Zip
 Phone: XXX-XXX-XXXX
 FAX: XXX-XXX-XXXX

Region #

Initials

Sheet Revisions		
Date	Description	Initials
mm/dd/yy	XXXXXXXX	XXX

Sheet Revisions		
Date	Description	Initials
mm/dd/yy	XXXXXXXX	XXX

Sheet Revisions		
Date	Description	Initials
mm/dd/yy	XXXXXXXX	XXX

Right of Way Plans

Ownership

Project Number: XXXXX

Project Location: XXXXX

XXXXX

Project Code	Last Mod. Date	Subset	Sheet No.
XXXXXX	mm-dd-yy	8.XX to 8.XX	8.XX