TOWN ROAD INVENTORY COLLECTION FORM

Please use this form to report changes to the NH Department of Transportation

Existing or New Road changes:
Please use Nodal Map supplied to identify Begin and End nodes and for drawing in roads not currently displayed within the map. Nodal map need not be returned if not needed to aid in the reported changes to your inventory. *Town officials should provide supporting documentation such as a Warrant Article or Selectman Meeting notes where road classification changes are indicated. This document requires the submitting Town Officials signature.*

911 Road Name Changes: Additionally please report all street names changes to E911. Contact: [E911 telephone 603-527-2069]

Please use the following terms to complete form

Class	**5** for Local Maintained by Town **6** for Local Not Maintained by Town, Subject to Gates & Bars or **0** for Private
Nodes	See Nodal Map to identify nodal points and specific road segment.
Section Length	Section length of roadways effected by change
Surface Type	**P** or Paved or **U** for Unpaved
Facility Type	**1** for 1-way or **2** for 2-way
Pavement Width	Measured pavement edge to edge

OLD STREET NAME	NEW STREET NAME	BEGIN NODE	END NODE	SECTION LENGTH	OLD CLASS	NEW CLASS	SURFACE TYPE	FACILITY TYPE	PAVEMENT WIDTH
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	
					☐0 ☐5 ☐6	☐0 ☐5 ☐6	☐P ☐U	☐1 ☐2	

TOWN	MUNICIPAL AUTHORIZED AGENT NAME	SIGNATURE	DATE