**CORRESPONDENCE/MEMORANDUM State of Wisconsin**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

**To:** (Name)

 WisDOT DTSD XX Region, Local Program Project Manager

**From:** (Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Local Public Agency

**Subject:** DESIGN STUDY REPORT

 Project I.D. (design)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (CTH, Local (choose one)) \_\_\_\_\_\_\_\_,

 Bridge # (if applicable)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County

Having considered the economic and social effects of this project, its impact on the environment, and its consistency with the goals of community planning, we recommend your concurrence of the attached design study report.

Recommended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

Local Public Agency

Are there any Design Justifications included in this DSR? Yes [ ]  No [ ]

 Concur:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, PE Date

WisDOT DTSD XX Region, Local Program Project Manager