**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 ON NATIONAL HIGHWAY SYSTEM

 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, PE Date

Local Public Agency

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

Approved:

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

Name Date

WisDOT DTSD XX Region, Local Program Project Manager

Concur:

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

Name, PE Date

WisDOT DTSD BPD, Design Standards and Oversight Chief