

**Right of Way Certification for Emergency Relief Projects**

Report Date:

Event: [insert MO/YR]

**Site Information**

DDIR Site Number	Control Number:
ROW Status from DDIR:	
Facility Name:	
Federal Aid Route Number:	County:

**Financial Summary**

Total Emergency Repair:	
Total Permanent Repair:	
Total DDIR Estimated:	

**Damage and Work Information**

Description and Cause of Damage:	
Scope of Work:	<p>Work on this project includes: Emergency:</p> <p>Permanent</p> <p>The need for Right-of-way or easements is/is not anticipated with this project with possible eligible utility relocations.</p>

**Concurrence Statements**

1. The site was/is free and clear of all encroachments?  Yes  No
  - a. If the site was not or is not currently clear of encroachments, please attach a completed Encroachment Review Form.
2. The status of the ROW indicated above is correct?  Yes  No
  - a. If the status for ROW is incorrect above, please explain below and attach maps of ROW acquisitions/encroachments/right of entry locations if ROW has been added to site.
  - b. If ROW was required, please attach right of entry and all acquisition files.

**I certify that the information above is accurate.**

Signature

Date

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Print Name and Title

Report ID: L84-01