

District 1
Certcode 1304-0

**CERTIFICATE OF HIGHWAY MILEAGE
YEAR ENDING FEBRUARY 10, 2021**

Fill out form, make and file a copy with the Town Clerk, and submit the Mileage Certificate on or before February 20, 2021 to: Vermont Agency of Transportation, Division of Policy, Planning and Intermodal Development, Mapping Section through upload to the secure FTP site or if necessary via mail to: VTrans PPAID - Mapping Section, 2178 Airport Rd, Unit B, Berlin, VT 05641.

We, the members of the legislative body of DOVER in WINDHAM County on an oath state that the mileage of highways, according to Vermont Statutes Annotated, Title 19, Section 305, added 1985, is as follows:

PART I - CHANGES TOTALS - Please fill in and calculate totals.

| Town Highways | Previous Mileage | Added Mileage | Subtracted Mileage | Total | Scenic Highways |
|----------------|------------------|---------------|--------------------|-------|-----------------|
| Class 1 | 0.000 | | | | 0.000 |
| Class 2 | 10.380 | | | | 0.000 |
| Class 3 | 48.13 | | | | 0.000 |
| State Highway | 5.547 | | | | 0.000 |
| Total | 64.057 | | | | 0.000 |
| * Class 1 Lane | 0.000 | | | | |
| * Class 4 | 2.65 | | | | 0.000 |
| * Legal Trail | 11.71 | | | | |

* Mileage for Class 1 Lane, Class 4, and Legal Trail classifications are NOT included in total.

PART II - INFORMATION AND DESCRIPTION OF CHANGES SHOWN ABOVE.

- NEW HIGHWAYS:** Please attach Selectmen's "Certificate of Completion and Opening".
- DISCONTINUED:** Please attach SIGNED copy of proceedings (minutes of meeting).
- RECLASSIFIED/REMEASURED:** Please attach SIGNED copy of proceedings (minutes of meeting).
- SCENIC HIGHWAYS:** Please attach a copy of order designating/discontinuing Scenic Highways.

IF THERE ARE NO CHANGES IN MILEAGE: Place an X in the box and sign below.

PART III - SIGNATURES - PLEASE SIGN.
Signatures of Selectmen/ Aldermen/ Trustees: Victoria Caproni Chair

Signature of T/C/V Clerk: [Signature] Date Filed: 3/17/21

Please sign ORIGINAL and return it for Transportation signature.

AGENCY OF TRANSPORTATION APPROVAL: Signed copy will be returned to T/C/V Clerk.

APPROVED: _____ DATE: _____
Representative, Agency of Transportation