KANSAS BYWAYS PROGRAM HISTORIC ROUTE REVIEW REQUEST APPLICATION FORM

Please complete both sides of form and submit one copy to: Lisa Hecker, Byways & Signage Manager, Kansas Tourism, Kansas Department of Commerce, 1000 SW Jackson, Suite 100, Topeka, KS 66612. For more information, contact Lisa at 785-296-4654; lisa.hecker@ks.gov.

Road Description	Ler	ngth (mi.)	
Route Begins at	Route Ends at		
Surface Type			
Location - County(s)			
Local Government(s) Contacted			
Government Representatives Contacted (Name & Title)			
Request Submitted by (Person or Group)			
Contact Person			
Address			
City			
Phone _()			
Email			
ROUTE'S HISTORIC SIGNIFICANCE (Check One):			
National Multi-State Regional State			

PRIMARY AREA OF HISTORIC CONTRIBUTION (Check One):	
Agriculture	Exploration	
Architecture	Native American Experience	
Commerce	Settlement	
Culture	Transportation	
Engineering	Other (please specify)	
Ethnic Migration	, , , , , , , , , , , , , , , , , , ,	
WHAT HISTORIC TIME PERIOD DOES THE PROP		
ROAD ALIGNMENT: (Choose one and mark with X) Road does not curve at all Road curves some of the time Road curves most of the time Road is flat the entire length Road rises and falls some of the time Road rises and falls most of the time DISTRACTIVE VISUAL FEATURES ALONG ROAD		
NOTEWORTHY QUALITIES, HISTORIC RESOURCE	CES, ETC.:	