KANSAS BYWAYS PROGRAM
SCENIC 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 ____________________________ Length (mi.) __________________

Route Begins at ____________________________ Route Ends at ____________________________

Surface Type ________________________________________________________________

Location - County(s) __________________________________________________________

Local Government(s) Contacted ________________________________________________

Government Representatives Contacted (Name & Title) ____________________________

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Request Submitted by (Person or Group)

Contact Person ______________________________________________________________

Address ____________________________

City ____________________________ State _______ Zip _____________

Phone (____) _____________

Email _______________________________________

ATTRACTION VISUAL FEATURES ALONG ROADWAY:

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___________________________________________________________________________
ROAD ALIGNMENT: (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 ROADWAY:

OTHER NOTEWORTHY QUALITIES, HISTORIC RESOURCES, ETC.: