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 Con	ntacted (Name & Title)	
Request Submitted by (Person or		
Contact Person		
Address		
City	State Zip	
Phone ()		
Email		
ATTRACTIVE VISUAL FEATURE	S ALONG ROADWAY:	

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.: