

**Ordinance Worksheet - STAA Routes (supplement)**

**Application Number:** \_\_\_\_\_

Ordinance Type:	_____	County:	_____	City:	_____
On Road:	_____	Local Name:	_____		
Begin Road:	_____	Local Name:	_____	Distance:	_____
End Road:	_____	Local Name:	_____	Direction:	_____
Segment Length:	_____ miles	Map Designation Type:	_____	Ordinance Number:	_____

Ordinance Type:	_____	County:	_____	City:	_____
On Road:	_____	Local Name:	_____		
Begin Road:	_____	Local Name:	_____	Distance:	_____
End Road:	_____	Local Name:	_____	Direction:	_____
Segment Length:	_____ miles	Map Designation Type:	_____	Ordinance Number:	_____

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On Road:	_____	Local Name:	_____		
Begin Road:	_____	Local Name:	_____	Distance:	_____
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Segment Length:	_____ miles	Map Designation Type:	_____	Ordinance Number:	_____