CERTIFICATE OF HIGHWAY MILEAGE YEAR ENDING FEBRUARY 10, 2016

Fill out form, make and file copy with the Town Clerk, and mail ORIGINAL, before February 20, 2016 to: Vermont Agency of Transportation, Division of Policy, Planning and Intermodal Development, Mapping Section One National Life Drive, Montpelier, VT 05633.

We, the members of the legislative body of EAST HAVEN

in ESSEX

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	Previous	Added	Subtracted			Scenic
Highways	Mileage	Mileage	Mileage		Total	Highways
Class 1	0.000				<u> </u>	0.000
Class 2	0.670				0.67	0.000
Class 3	9.79	.58			10.37	0.000
State Highway	2.220				2.22	0.000
Total	12.680				13,260	0.000
					71	otalsby K. Alley
Class 1 Lane	0.000				_	1/25/2016
Class 4	1.21	00	. 22	i	.99	0.000
Legal Trail	0.00		11		_	

^{*} 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.

- 1. NEW HIGHWAYS: Please attach Selectmen's "Certificate of Completion and Opening".
- .36 miles of new highway added to the end of TH#13 as class 3.
- 2. DISCONTINUED: Please attach SIGNED copy of proceedings (minutes of meeting).
- RECLASSIFIED/REMEASURED: Please attach SIGNED copy of proceedings (minutes of meeting).
 22 miles of TH#13 previously classified as class 4 reclassified to class 3.
- 4. SCENIC HIGHWAYS: Please attach a copy of order designating/discontinuing Scenic Highways.

IF THERE ARE NO CHAN		box and sign below.	v. I I
PART III - SIGNATURE	S - PLEASE SIGN.		
Selectmen/ Aldermen/ Tr	ustees Signatures: 💹 💆	Keivin & la	reles
	Sign of the state	Stage Burgo	In fr
T/C/V Clerk Signature:	Granklin R.	Miggins	Date Filed: 1-9-16
Please sign ORIGINAL and		signature.	
AGENCY OF TRANSPO	RTATION APPROVAL:	Signed copy will	be returned to T/C/Y Clerk,
APPROVED: Rep	resentative, Agency of Trans	The second secon	DATE: 5/12/2016

Vermont Statutes Annotated

Received

JAN 19 2016

Policy, Planning & Intermodal Development Division

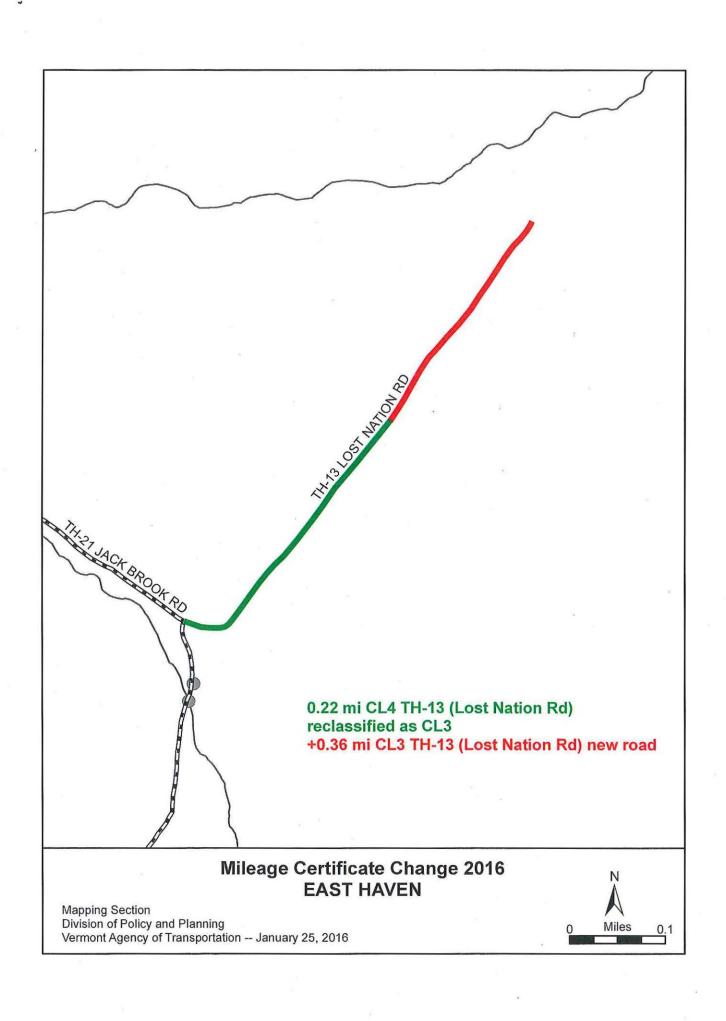
19 V.S.A. § 305. Measurement and inspection

§ 305. Measurement and inspection

- (a) After reasonable notice to the selectboard, a representative of the agency may measure and inspect the class 1, 2, and 3 town highways in each town to verify the accuracy of the records on file with the agency. Upon request, the selectboard or their designee shall be permitted to accompany the representative of the agency during the measurement and inspection. The agency shall notify the town when any highway, or portion of a highway, does not meet the standards for its assigned class. If the town fails, within one year, to restore the highway or portion of the highway to the accepted standard, or to reclassify, or to discontinue, or develop an acceptable schedule for restoring to the accepted standards, the agency for purposes of apportionment under section 306 of this title shall deduct the affected mileage from that assigned to the town for the particular class of the road in question.
- (b) Annually, on or before February 10, the selectboard shall file with the town clerk a sworn statement of the description and measurements of all class 1, 2, 3, and 4 town highways and trails then in existence, including any special designation such as a throughway or scenic highway. When class 1, 2, 3, or 4 town highways, trails, or unidentified corridors are accepted, discontinued, or reclassified, a copy of the proceedings shall be filed in the town clerk's office and a copy shall be forwarded to the agency.
- (c) All class 1, 2, 3, and 4 town highways and trails shall appear on the town highway maps by July 1, 2015.
- (d) At least 45 days prior to first including a town highway or trail that is not clearly observable by physical evidence of its use as a highway or trail and that is legally established prior to February 10, 2006 in the sworn statement required under subsection (b) of this section, the legislative body of the municipality shall provide written notice and an opportunity to be heard at a duly warned meeting of the legislative body to persons owning lands through which a highway or trail passes or abuts.
- (e) The agency shall not accept any change in mileage until the records required to be filed in the town clerk's office by this section are received by the agency. A request by a municipality to the agency for a change in mileage shall include a description of the affected highway or trail, a copy of any surveys of the affected highway or trail, minutes of meetings at which the legislative body took action with respect to the changes, and a current town highway map with the requested deletions and additions sketched on it. A survey shall not be required for class 4 town highways that are legally established prior to February 10, 2006. All records filed with the agency are subject to verification in accordance with subsection (a) of this section.
- (f) The selectboard of any town who are aggrieved by a finding of the agency concerning the measurement, description, or classification of a town highway may appeal to the transportation board by filing a notice of appeal with the executive secretary of the transportation board.
- (g) The agency shall provide each town with a map of all of the highways in that town together with the mileage of each class 1, 2, 3, and 4 highway, as well as each trail, and such other information as the agency deems appropriate

Excerpt of 19 V.S.A. § 305 - Measurement and inspection from Vermont Statutes Online located at – http://legislature.vermont.gov/statutes/section/19/003/00305

December 2015



Town Highway/Legal Trails Addition/Reclassification/Discontinuance Checklist

The following includes a checklist of the documentation to be supplied to VTrans when adding / reclassifying / discontinuing highways and trails. The documentation is subject to verification by VTrans.

Check	the box \square if the information is included as part of the documentation submitted.
V	A description of the affected highway or trail Vt. Stat. Ann. tit. 19, § 305(e)
V	Minutes of meetings at which the legislative body took action with respect to the changes (include copies of the meeting minutes) Vt. Stat. Ann. tit. 19, § 305(e)
V	A current town highway map with the requested deletions and additions sketched on it Vt. Stat. Ann. tit. 19, § 305(e)
V	Evidence of written notice to adjoining landowners (include a copy of the newspaper notice and a copy of the letter sent to adjoining landowners) Vt. Stat. Ann. tit. 19, § 709
	A copy of any surveys of the affected highway or trail* Vt. Stat. Ann. tit. 19, § 305(e) Vt. Stat. Ann. tit. 19, § 704 *Note: A survey shall not be required for class 4 town highways that are legally established prior to February 10, 2006 // and a survey is not needed for Discontinuances.
V	For Class 3 or Class 4 town highway additions A Certificate of Completion and Opening While not required by statute, a Certificate of Completion and Opening form is a helpful document for the record.

All records filed with the agency are subject to verification in accordance with 19 V.S.A. § 305 (a) and 19 V.S.A. § 305 (e).

TOWN OF EAST HAVEN P.O. BOX 10 EAST HAVEN, VERMONT 05837-0010

Description

Reclassification: From class 4 to class 3 Beginning at intersection of TH #13 and TH #21 for the distance of .22 miles.

Addition: Beginning at .22 miles from the intersection of TH #13 and TH #21 for the distance of .36 miles.

TOWN OF EAST HAVEN P.O. BOX 10 EAST HAVEN, VERMONT 05837-0010

December 4,2015

Dear East Haven Property Owner,

The East Haven Selectboard is proposing that the upper portion of TH#13 (Lost Nation Road) be reclassified from class 4 to class 3, plus adding a new portion to the town highway system. This process requires a site inspection and a public hearing. The hearing will be held on January 2, 2016 as per the inclosed copy of the public notice that will be published in the Caledonian Record.

Should you have questions about this process prior to the hearing date you may email me at kirflanders@yahoo.com or 802-467-8849.

Sincerely, Kirwin Flanders, Chair East Haven Selectboard

NOTICE TOWN OF EAST HAVEN, VERMONT

Selectboard's notice of hearing and site inspection regarding the proposed reclassification of a public highway and addition of a new section.

Notice is hereby given pursuant to 19 V.S.A. Section 708-709 that the Selectboard of the Town of East Haven, Vermont, will meet at the office of the East Haven Town Clerk at 64 Community Building Road, East Haven, Vermont, a public place in said Town on Saturday, January 2nd, 2016 at Nine o"clock (9:00 A.M.) in the morning for the purpose of going for inspection of said road and following will be the hearing of testimony of all persons in the matter of whether the following described public highway in said Town of East Haven should be reclassified from a class 4 to a class 3 and a portion beyond be taken over by the Town as class 3, to wit:

Beginning at the intersection of TH 21 (Jack Brook Road) and TH 13 (Lost Nation Road) for a distance of .58 miles. This being the .22 miles of Lost Nation Road presently classified as class 4 and .36 miles of new public highway.

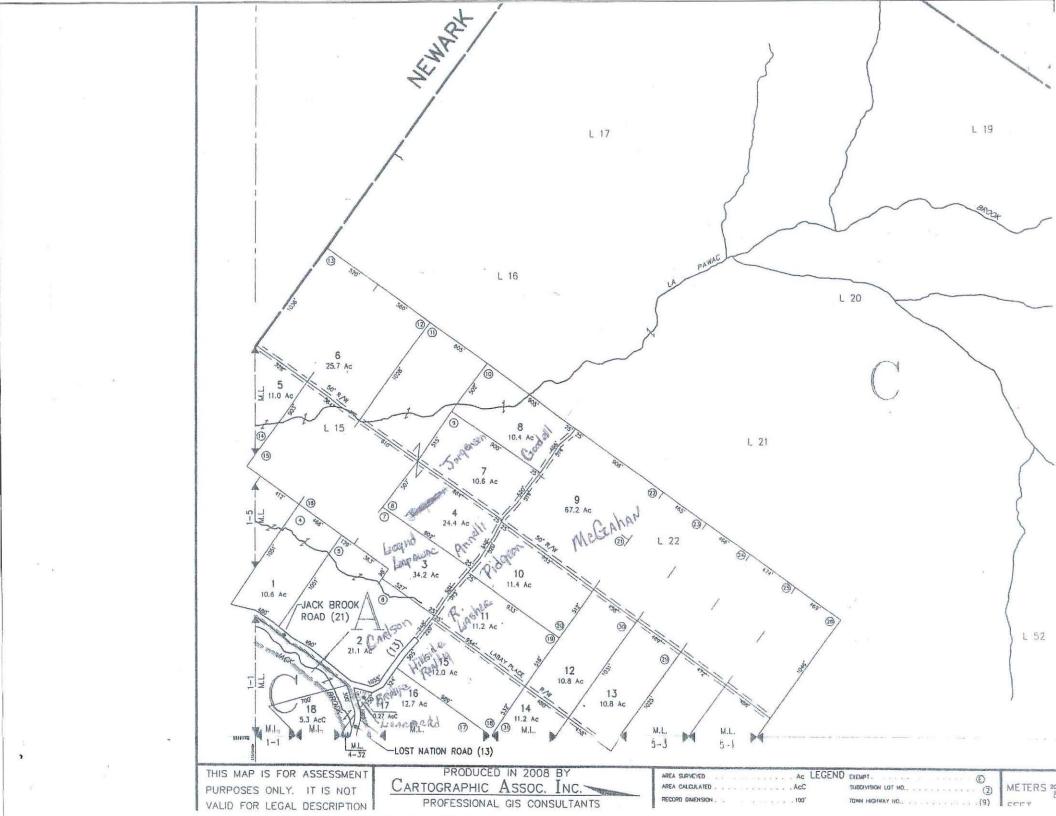
Dated at East Haven, in the County of Essex and the State of Vermont, this 24th Day of November 2015.

SELECTBOARD OF THE TOWN OF EAST HAVEN Kirwin Flanders George Ruggles Jr. Delbert Reed

Received and Posted: November 24, 2015
Franklin R. Kligain

ATTEST: Franklin R. Higgins

Town Clerk



SELECTBOARD MEETING 9 January 2016

Present Kirwin Flanders and George Ruggles Jr-Selectboard Members; Burce Hauser-Road Foreman; Brian Greer-Fire Chief East Burke; Donna & Ronnie Loynd, and Franklin R. Higgins-Town Clerk. The meeting was called to order at 9 A.M. by Chrm. Flanders. The minutes of December 12, 2015 were read. Motion By George 2nd by Kirwin to accept as read. The minutes of the Road Hearing of Jan. 2, 2016 were read. Motion by George 2 nd by Kirwin to accept as read. Both motions were unanimously accepted.

FIRE CONTRACT: Following a brief discussion the motion was made by George 2nd by Kirwin to accept the contract with East Burke Fire Brigade, Inc, Motion carried unanimously and the parties signed the contract for \$12,000 for 2016. A discussion followed regarding the remaining funds in the fire dept. treasury. A suggestion was offered to have a petition presented to the Selectboard for an article to be included in the 2016 Warning for Town Meeting which would lend support to having the Selectboard pursue the remaining funds.

Brian Greer left at 9:25 A.M.

HIGHWAYS: Kirwin gave a review of the documents needed for signature to reclassify a portion of Lost Nation Road and to add a new section. George Ruggles made a motion 2nd by Kirwin to upgrade the class 4 section of .22 miles starting from the intersection with Jack Brook Road and also add .36 miles of new public highway. Motion passed unanimously. The Certificate of Completion and Opening a Highway for Public Travel and the Certificate of Highway Mileage for the year ending Feb 10, 2016 were completed and signed.

Discussion of position for a substitute driver followed with Roddy Loynd offering to fill in and he was accepted by the board. Bruce Hauser left at 10:15 A.M..

BUDGET MEETING was scheduled for January 16th at 7 P.M.

Orders were reviewed and signed.

ADJOURNMENT: Motion by George 2nd by Kirwin to adjourn. Motion carried unanimously.

Meeting adjourned at 10:25.

Attest Franklin R. Higgins, Town Clerk

NOTICE 12/9 TOWN OF EAST HAVEN, VT

Selectboard's notice of hearing and site inspection regarding the proposed reclassification of a public highway and addition of a new section.

Notice is hereby given pursuant to 19 V.S.A. Section 708-709 that the Selectboard of the Town of East Haven, Vermont, will meet at the office of the East Haven Town Clerk at 64 Community building Road, East Haven, Vermont, a public place in said Town on Saturday, January 2nd, 2016 at Nine o'clock (9:00 A.M.) in the morning for the purpose of going for inspection of said road and following will be the hearing of testimony of all persons in the matter of whether the following described public highway in said Town of East Haven should be reclassified from a class 4 to a class 3 and a portion beyond be taken over by the Town as class 3, to wit:

Beginning at the intersection of TH 21 (Jack Brook Road) and TH 13 (Lost Nation Road) for a distance of .58 miles. This being the .22 miles of Lost Nation Road presently classified as class 4 and .36 miles of new public highway.

Dated at East Haven, in the County of Essex and the State of Vermont, this 24th day of November, 2015.

SELECTBOARD OF THE TOWN OF EAST HAVEN Kirwin Flanders – George Ruggles Jr. – Delbert Reed

Received and Posted: November 24, 2015

ATTEST: Franklin R. Higgins, Town Clerk

			4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature Agent Addressee Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Swan Ampelli 	A. Signature X August Agent Addresse B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Kenneth Torgenson P.O. Box 241 East Burke, Vermont 05832-0241		P.O. BOX 43 EAST HAVEN, UT 05837-0043	3. Service Type □ Priority Mall Express®
9590 9403 0153 5086 0997 86	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation™	9590 9403 0153 5086 0997 93	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery Signature Confirmation
2. Article Number (<i>Transfer from service label</i>) 7015 0640 0004 4217 5093	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Signature Confirmation ☐ Restricted Delivery	7015 0640 0004 4217 514	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt	PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receip
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X Addressee B. Feceived by (Printed Name) C. Date of Delivery Walter W. Gwell 12-11-(5) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	A. Signature A. Signature A. Signature Addresse B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from Item 12 If YES, enter delivery address below:
NATER & LISA Goode 11 247 HAVE ROAD WATERFORD, VERMONT 05819	3. Service Type	Douglas McGahan 1820 Stillwater Ave Box 602 Cutchoque, New York 11935	Mr. Ms. S.
9590 9403 0153 5086 0997 79 Article Number (Transfer from service lehel)	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Collect on Delivery □ Collect on Delivery	9590 9403 0153 5086 0997 62	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery Merchandise ☐ Signature Confirmatio
7015 0640 0004 4217 5116	☐ Collect on Delivery Restricted Delivery red Mail Restricted Delivery ☐ Signature Confirmation ☐ ☐ Signature Confirmation ☐ Signature Confir	2. Article Number (Transfer from service label) 7015 0640 0004 4217 5086	☐ Collect on Delivery Restricted Delivery - 'sured Mail sured Mail Restricted Delivery ver \$500) ☐ Signature Confirmatio ☐ Signature Confirmatio ☐ Restricted Delivery
S Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt	PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Rece

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery A. A. Signature Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: D. No	■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: HAPAWAC REALTY TRUST P. O. BOX 2 14 EAST HAVEN, VT	A. Signature X. Agent Addresse B. Received by (Printed Narrie) D. Nate of Deliver C. Date of Deliver C. Date of Deliver C. Date of Deliver Addresse If YES, enter delivery address below:
P.O. BOXGO EAST HAVEN, VERMONT 05837-0060		EAST HAVEN, VT 05837-0214	
9590 9403 0153 5086 0998 23	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™	9590 9403 0153 5086 0998 30	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation™
2. Article Number <i>Gransfer from service labell</i> 7015 0640 0004 4217 5178	ed Mall ed Mall Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery	7015 0640 0004 4217 5161 PS Form 3811, April 2015 PSN 7530-02-000-9053	red Mail Restricted Delivery r \$500)
CENDED COMPLETE THE CONTROL	COMPLETE THE DESTROY OF THE		COMPLETE THE STOTION ON BELIEVED
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Richard Lasher P. O. Box 3 I	A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Kenneth Bridges O. Box Z 03 	A. Signature A. Signature A. Signature A. Signature Addresse B. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: No
East Haven, Warmont 05837-0031	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery	EAST HAVEIV, VERMONT 05837-0203	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Delivery
9590 9403 0153 5086 0997 31 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5130	500)	9590 9403 0153 5086 0997 48 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5192	☐ Certified Mell Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mell Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt	PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receip

	COMPLETE THIS SECTION O	N DELIVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	127	☐ Agent
so that we can return the card to you.	1 X / (any 1 - 7)	☐ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.		12/0/15
Article Addressed to:	D. Is delivery address different fro	om item 1? D Yes
Kandy Pidgeon	If YES, enter delivery address	below: No
F30x 203		
100x 203		
Pomfret, CT	Section 1	
06258	A STATE OF THE STA	
0 0 0 0 0	- Committee of the Comm	
	3. Service Type	☐ Priority Mail Express®
	☐ Adult Signature ☐ Adult Signature Restricted Delivery	☐ Registered Mail™
9590 9403 0153 5086 0997 55	Li Certified Mail®	☐ Registered Mail Restricted Delivery
The state of the s	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	Return Receipt for Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation™
7015 0640 0004 4217 5123	Insured Mail Insured Mail Restricted Delivery	☐ Signature Confirmation
DC E 2014 1 "	(over \$500)	Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053		omestic Return Receipt
	the standard of the standard of	- Tetam Heceipt
E .		
CENDER: COMPLETE TUR SECTION	COMPLETE THIS SECTION ON DE	WEDY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON BE	IVENT
■ Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	W) la Mon Oc	☐ Agent
so that we can return the card to you.	"Choung the set	Addressee
Attach this card to the back of the mallpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	A. Hoegler	12-8-15
Article Addressed to:	D. Is delivery address different from ite	m 1? Yes
Hillside Realty TRUST Clo Hoegler, LouisTTEE	If YES, enter delivery address belo	w: No
HITISIDE MEATTY I		
CI - Hagolaw I m. with Et		
010110E7101011311-E		
320 Nich C Least		
330 High Street		
Unitable, MA DEC 8 2015		
330 High Street		
Unitable, MA DEC 8 2015		Priority Mail Express®
Unitable, MA DEC 8 2015	☐ Adult Signature ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Registered Mail™ Registered Mail Restricted
S30 High Street Waltole, MA DEC 8 2015 OZOBI	☐ Adult Signature ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Registered Mail™ Registered Mail Restricted Delivery
330 High Street WALPOTE, MA DEC 8 2015	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery	Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise
S30High Street Waltole, MA DEC 8 2015 OZOBI	□ Adult Signature □ □ Adult Signature Restricted Delivery □ □ □ Adult Signature Restricted Delivery □ □ □ Certified Mail Restricted Delivery □ □ Collect on Delivery □ □ Collect on Delivery □ □ Collect on Delivery Restricted Delivery □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Registered Mail TM Registered Mail Restricted Delivery Return Receipt for Verchandise Signature Confirmation TM
330 High Street WALPOLE, MA DEC 8 2015 O Z 0 & 1 9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label)	□ Adult Signature □ □ Adult Signature Restricted Delivery □ □ Certified Mail □ □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ □ Collect Mail □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise
330 High Street Walt ole, MA DEC 8 2015 0 20 81 9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ cred Mail □ ured Mail Restricted Delivery □ \$500)	Registered Mail™ tegistered Mail Restricted belivery leturn Receipt for derchandise Signature Confirmation™ Signature Confirmation Restricted Delivery
330 High Street WALPOLE, MA DEC 8 2015 O Z 0 & 1 9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label)	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ cred Mail □ ured Mail Restricted Delivery □ \$500)	Registered Mail [™] Registered Mail Restricted Delivery Return Receipt for Aerchandise Signature Confirmation [™] Signature Confirmation
330 High Street Walt ole, MA DEC 8 2015 0 70 81 9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ cred Mail □ ured Mail Restricted Delivery □ \$500)	Registered Mail™ tegistered Mail Restricted belivery leturn Receipt for derchandise Signature Confirmation™ Signature Confirmation Restricted Delivery
330 High Street Walt ole, MA DEC 8 2015 0 70 81 9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ ured Mail ured Mail Restricted Delivery er \$500) □ Dom	Registered Mail™ legistered Mail Restricted legistered Mail Restricted Jelivery letturn Receipt for ferchandise signature Confirmation™ leginature Confirmation lestricted Delivery lestic Return Receipt
330 High Street Walt ole, MA DEC 8 2015 0 70 81 9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ cred Mail □ ured Mail Restricted Delivery □ \$500)	Registered Mail™ legistered Mail Restricted legistered Mail Restricted Jelivery letturn Receipt for ferchandise signature Confirmation™ leginature Confirmation lestricted Delivery lestic Return Receipt
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery ured Mail ured Mail Restricted Delivery er \$500) Dom	Registered Mail TM legistered Mail Restricted Pelivery Peturn Receipt for Merchandise Signature Confirmation TM Signature Confirmation Lestricted Delivery Lestic Return Receipt
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3.	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ ured Mail ured Mail Restricted Delivery er \$500) □ Dom	Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Dignature Confirmation™ Dignature Confirmation Restricted Delivery Restricted Delivery Restricted Return Receipt
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery ured Mail ured Mail Restricted Delivery er \$500) Dom	Registered Mail TM legistered Mail Restricted Pelivery Peturn Receipt for Merchandise Signature Confirmation TM Signature Confirmation Lestricted Delivery Lestic Return Receipt
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery red Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature	Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Dignature Confirmation Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery ured Mail ured Mail Restricted Delivery er \$500) Dorn COMPLETE THIS SECTION ON DEL A. Signature X Vous (Verinted Name)	legistered Mail™ Alegistered Mail Restricted Pelivery Peturn Receipt for Merchandise Pignature Confirmation Restricted Delivery Pestic Return Receipt VERY Agent Addressee
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery ured Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A: Signature X / Cull Cullon B. Beceived by (Printed Name)	Registered Mail™ Registered Mail Restricted Pelivery Return Receipt for Aerchandise Signature Confirmation Restricted Delivery Pestic Return Receipt Agent
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery ured Mail ured Mail Restricted Delivery er \$500) Dorn COMPLETE THIS SECTION ON DEL A. Signature X Vous (Verinted Name)	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 044 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISM	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X Your Quitant B. Received by (Printed Name) Court Quitant D. Is delivery address different from iter	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X Your Quitant B. Received by (Printed Name) Court Quitant D. Is delivery address different from iter	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISTA	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X Your Quitant B. Received by (Printed Name) Court Quitant D. Is delivery address different from iter	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 044 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISM	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X Your Quitant B. Received by (Printed Name) Court Quitant D. Is delivery address different from iter	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISTA P. O. Box 72 Chaplin, CT	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X Your Quitant B. Received by (Printed Name) Court Quitant D. Is delivery address different from iter	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Paul CARISTA	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X Your Quitant B. Received by (Printed Name) Court Quitant D. Is delivery address different from iter	legistered Mail™ legistered Mail Restricted belivery leturn Receipt for Merchandise bignature Confirmation™ lignature Confirmation lestricted Delivery lestic Return Receipt IVERY I Agent I Addressee C. Date of Delivery 17 I Yes
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISTA P. O. Box 72 Chaplin, CT	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Hard Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X YOUN Place Name D. Is delivery address different from iter if YES, enter delivery address below	Registered Mail™ Registered Mail Restricted Pelivery Return Receipt for All Restricted Delivery Restricted Delivery Restricted Delivery □ Agent □ Addressee □ Date of Delivery □ No
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISTA P. O. Box 72 Chaplin, CT	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery ured Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X YOUN COUNTY B. Beceived by (Printed Name) Output D. Is delivery address different from iter If YES, enter delivery address below	Registered Mail™ Registered Mail Restricted Pelivery Return Receipt for Aerchandise Signature Confirmation™ Signature Confirmation Restricted Delivery Pestic Return Receipt Agent
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: PAUL CARISON P.O. BOX 72 Chaplin, CT O6235	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X VOUL Vertated Name D. Is delivery address different from iter If YES, enter delivery address below 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail®	Registered Mail™ Registered Mail Restricted Pelivery Return Receipt for Aller Confirmation™ Restricted Delivery Pestic Return Receipt Agent Addressee C. Date of Delivery 12
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISTA P. O. Box 72 Chaplin, CT	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Urad Mail Urad Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X VOUL Vertated Name) Collect On Delivery B. Beceived by (Printed Name) Outside Mail Restricted Delivery address below If YES, enter delivery address below 3. Service Type Adult Signature Adult Signature Certified Mail®	Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery Pastic Return Receipt Agent Addressee C. Date of Delivery 12 Yes W: □ No
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Paul CARISTA P.O. Box 72 Chaplin, CT O6235 9590 9403 0153 5086 0998 16	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery urad Mail ured Mail Restricted Delivery er \$500) Dom COMPLETE THIS SECTION ON DEL A. Signature X VOUL VINDER B. Beceived by (Printed Name) Outside Mail Restricted Delivery address below B. Beceived by (Printed Name) Caul Vinder B. Beceived Belivery address different from iter If YES, enter delivery address below 3. Service Type Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail® Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery	Registered Mail™ Registered Mail Restricted Registered Mail Restricted Registered Mail Restricted Registered Restricted Restricted Delivery Restricted Delivery Restricted Delivery Agent Addressee C. Date of Delivery 17
9590 9403 0153 5086 0998 61 2. Article Number (Transfer from service label) 7015 0640 0004 4217 5185 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: PAUL CARISON P.O. BOX 72 Chaplin, CT O6235	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certifled Mail® Collect on Delivery Restricted Delivery Ured Mail Ured Mail Restricted Delivery er \$500) COMPLETE THIS SECTION ON DEL A. Signature X / CLU Culture B. Received by (Printed Name) Collect on Delivery address different from iter If YES, enter delivery address below	Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery Pastic Return Receipt Agent Addressee C. Date of Delivery 12 Yes W: □ No

TOWN OF EAST HAVEN P.O. BOX 10 EAST HAVEN, VERMONT 05837-0010

On November 24,2015 a notice of Public Hearing for the reclassification of highways on a portion of TH#13 was posted to held on January 2,2016. This notice was also published in the Caledonian Record newspaper and sent to the adjoining landowners.

The said highway beginning at the intersection of TH#21 (Jack Brook Road) and TH#13 (Lost Nation Road) for a distance of .58 miles. This consist of .22 miles previously classified as class 4 and an additional .36 miles of new public highway.

On January 2,2016 the public hearing was held. The members of the public who attended were asked if they wanted to attend the inspection of the highway. They all declined the offer. The Select board then took testimony from the public in attendance. The board then went to inspect said highway,

The East Haven Selectboard finds that it is the public good for the residents and landowners of this area to be able to have all year access to this area. This will allow for police, fire and emergeny services availability on a year around basis.

East Haven Selectboard

Kirwin Flanders

George Ruggles Jr.

Delbert Reed

ATTEST:

Franklin Higgins, Town Clerk

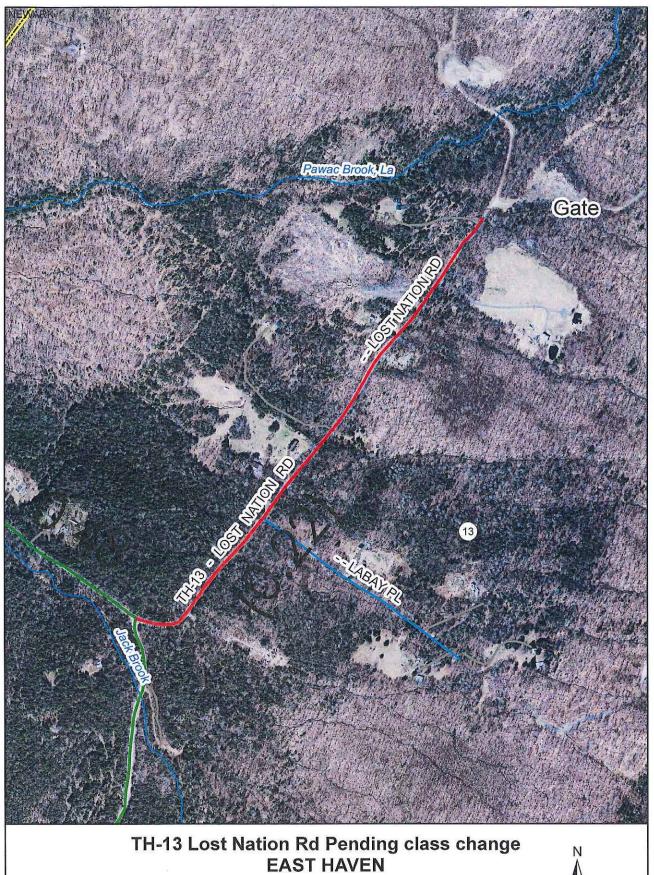
Dated: January 9,2016

CERTIFICATE of COMPLETION and OPENING of a HIGHWAY for PUBLIC TRAVEL

VTrans Use Only
Certificate Year: 2016
Highway Class: 3
Town Highway #: 16
Mileage: 0.53

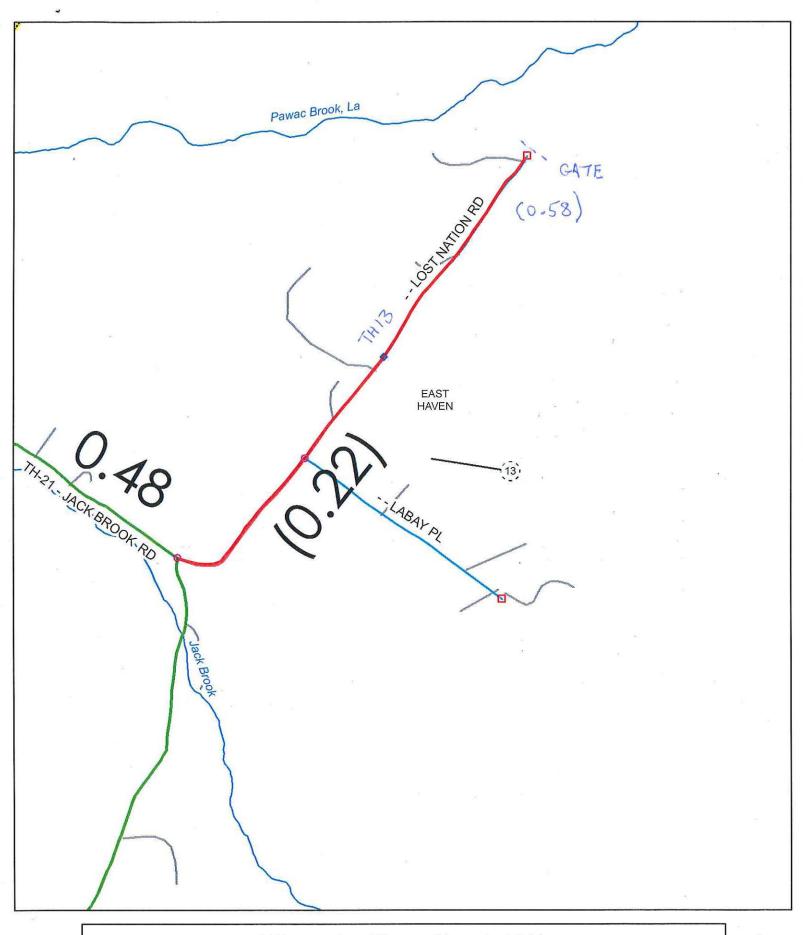
ranklin Higgins , Town	Clerk of the TOWN of	
(Clty/Town/Village) East Haven , Vermont.	(City/Town/Village)	
(City/Town/Vilage Name)		
Pursuant to Title 19, V.S.A., Chapter 7, this is to certifi	y that the following described section of Class $\frac{3}{(1,2,3)}$	
Highway in the Town of East Haven (City/Town/Village) (City/Town/Village)	was COMPLETED AND OPEN	ED
FOR PUBLIC TRAVEL on January 9	2016	i#
(Month - Day)	(Year)	
DESCRIPTION OF BIGHT OF WAY		H
DESCRIPTION OF RIGHT OF WAY:		
(Include road name and intersecting town highway numbers		
Beginning at the intersection of		
of .58 miles. This being .22 miles		
4 and beginning at that point for		е
gate of the private property of H	leartwood Forest Land.	2.50
and as shown on a Highway Man of the Town	of East Haven	
and as shown on a Highway Map of the (City/Town/Village)	(City/Town/Village Name)	•
dated		Records of
the Town of East Haven	by the Town Clerk of said Town	
(City/Town/Village) (City/Town/Village Name)		own/Village)
incorporated herein by reference and attested to on said		
	(City/Town/Village)	42
Detector = 1 vi		X7
Dated at <u>East Haven</u> , County (City/Town/Village Name)	of Essex and State of (County Name)	vermont,
this 9th day of January, A.D.		DOIDD
(Date - Day) (Date - Month)	(Date - Year)	BOARD
X D		OF
(Selectman/Alderman/Trustee Signature)	(Selectman/Alderman/Trustee Signature)	SELECTMEN,
Mary T Regardes	(Gelectifial Middles of Material)	
(Selectman/Alcernan/) rustee Signature)	(Selectman/Alderman/Trustee Signature)	ALDERMAN,
(Selectman/Alderman/Trustee Signature)	(Selectman/Alderman/Trustee Signature)	or TRUSTEES
(veleculiali/Aluelliali/Aluele orginatule)	(Selectifial Maldeffial Middles Signature)	
(Manager/Mayor Signature)	8	
and the Manager/Mayor of the City/Town/Village of		
	City/Town/Village Name)	

*******************	************	****
East Standard Management	9 2NI	
(City/Town/Village Name)	(Month-Day) , QOI (Year)	
(out) . The state of	(1001)	
THE ABOVE IS A TRUE COPY OF THE DESCRIPTION		D AND OPENED
FOR PUBLIC TRAVEL, RECORDED IN BOOK	ON PAGE OF THE Land	RECORDS
6° 4. L1 (Book#)	(Page #)	9
OF THE OF OCH OF (City/Town/Village Name)	ON THE 7 DAY OF (Date - Month)	ry,
2016, AT 9:40 O'CLOCK, A	.M.	0
(Date – Year) (Time) (A or	P)	
	ATTEST: Franklin R. Dl.	sains
,` *	(Clerk's Name)	
Revision 12/2014	1000 CLERK OF Cast Haven	_,VERMONT
7	(City/Town/Village) (City/Town/Village Name)	



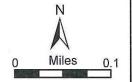
Mapping Section Division of Policy and Planning Vermont Agency of Transportation -- November 18, 2015





Mileage Certificate Change 2016 EAST HAVEN

Mapping Section
Division of Policy and Planning
Vermont Agency of Transportation -- November 18, 2015



ROAD INVENTORY FORM

VERMONT AGENCY OF TRANSPORTATION PLANNING DIVISION MAPPING AND ROAD INVENTORY SECTION

PARTY CHIEF MICHAEL TRUNZO								TOWN EAST HAVEN
TOWN OFFICIAL								COUNTY HWY. DIST. NO
								ROAD SYSTEM & NO. C3 - 13
TITLE								SHEET NO. OF DATE 11/17/15
SURFACE TYPE & WIDTH		WIDTH WIDTH	SIDEWALK TYPE		DITCHES	CONDITION	ROAD CLASS	REMARKS LOST NATION RD
16								
\(\frac{1}{2}\)								
/A: **!								End maintained sadion , 576 7,58
p34						1		- 0.0
	- f						(A	
					÷		8	LABAY PL -188
							3	TH-13 D
								LOST MATION RD
. ,								1

Alley, Kerry

From:

Trunzo, Michael

Sent:

Wednesday, November 18, 2015 2:10 PM

To:

Alley, Kerry

Subject:

FW: East Haven Town Highway

From: Clifford, Shauna

Sent: Thursday, November 05, 2015 12:17 PM

To: Trunzo, Michael; kirwin flanders

Cc: Croft, Johnathan

Subject: RE: East Haven Town Highway

Thanks! Let me know if you need anything.

Shauna

From: Trunzo, Michael

Sent: Thursday, November 05, 2015 8:22 AM

To: Clifford, Shauna; kirwin flanders

Cc: Croft, Johnathan

Subject: RE: East Haven Town Highway

Good morning Shauna,

I'll be out of the office until next Thursday. I'll contact Kirwin when I return to set up a time to inventory TH-13.

Michael

From: Clifford, Shauna

Sent: Thursday, November 05, 2015 8:12 AM

To: Trunzo, Michael; kirwin flanders

Cc: Croft, Johnathan

Subject: East Haven Town Highway

Good Morning Mike.

Kirwin Flanders, a selectboard member from the town of East Haven, asked me to meet with him to review a road that they want to reclassify the portion that is Class 4 to Class 3 and layout a new road (at the end of the existing). The subject road is TH 13 and it is the Class 4 portion that is at the intersection of TH 21. When I reviewed the road with Kirwin, it was very clear that what is shown on the map is incorrect in how it is drawn. When I got back to the office, I looked at older versions and they seem accurate to what really exists — so I am not sure why or how things got changed.

Anyway, Johnathan told me to email you and ask if you could contact Kirwin to go out and review the road with him. He said that you would be able to accurately document the town highway geometry as well as the length of road.

Kirwin's home number is 467-8849. I have also copied him on this email. He told me that he usually checks his email in the evening.

Kirwin – you will be hearing from Mike to schedule a time to go ride TH 13. He will give be able to accurately show you where the Class 4 ends now and the distance of what the town is looking to take over as a Class 3. In addition, I spoke to Johnathan about the reclassification process. The town should send notice to all adjacent landowners, as well as advertising it publically. For the new section, you should also have a survey of it.

Let me know if you have any questions. Thanks!

Best, Shauna

