CERTIFICATE OF HIGHWAY MILEAGE

YEAR ENDING FEBRUARY 10, 2000

RECEIVED
JAN 19 2000
TECHNICAL

Fill out form, make and file copy with the Town Clerk, and mail ORIGINAL, before February 20, 2000 to: VT Agency of Transportation, Technical Services Division, Drawer 33, Montpelier, VT 05633.

We, the Selectman or Trustee or Alderman of WEYBRIDGE

in ADDISON

County RVICES

on an oath state that the mileage of highways, according to Title 19, V.S.A, Sec #305, added 1985, is as follows:

PART I - CHANGES _TO	OTALS - I	Please fill in and	l calculate totals.
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Town Highways	Previous Mileage	Added Mileage	Substracted Mileage	Total	Scenic Highways
Class 1	0.000			0	0.000
Class 1 Lane	0.000			0	
Class 2	15.510		1	15.510	0.000
Class 3	17.000			17.000	0.000
State Highway	0.221			0.221	0.000
Class 4	0.090			0.090	0.000
Total	32.731			32.731	0.000
	Class 1 Class 1 Lane Class 2 Class 3 State Highway Class 4	Highways Mileage Class 1 0.000 Class 1 Lane 0.000 Class 2 15.510 Class 3 17.000 State Highway 0.221 Class 4 0.090	Highways Mileage Mileage Class 1 0.000 Class 1 Lane 0.000 Class 2 15.510 Class 3 17.000 State Highway 0.221 Class 4 0.090	Highways Mileage Mileage Mileage Class 1 0.000 Class 1 Lane 0.000 Class 2 15.510 Class 3 17.000 State Highway 0.221 Class 4 0.090	Highways Mileage Mileage Mileage Total Class 1 0.000 ○ ○ Class 1 Lane 0.000 ○ ○ Class 2 15.510 15.510 17.000 Class 3 17.000 17.000 17.000 State Highway 0.221 ○. 221 ○. 221 Class 4 0.090 ○.090 ○.090

	Total	32.731		32.73	0.000
	* Class 1 Lan	e Mileage and Class 4 is No	OT included in total.	'	
		TION AND DESCRIPTI S: Please attach Selectman			
2. 1	DISCONTINUED	e: Please attach SIGNED co	opy of proceedings (mi	inutes of meeting).	
3. 1	RECLASSIFIED/	REMEASURED: Please at	ttach SIGNED copy of	proceedings (minutes of a	meeting).
4. 5	SCENIC HIGHW	AYS: Please attach a copy	of order designating/d	iscontinuing Scenic High	ways.
IF THI	ERE ARE NO CH	ANGES IN MILEAGE: C	heck box and sign belo	w. X	
		RES - PLEASE SIGN. / Trustees Signatures:	flan Pp	James an	ynal {
Cler	k Signagture:	Kulling	16 K	Date Filed: Jan	12,2000
Please :	sign ORIGINAL o	and return it for Transporta	tion signature.		
	CY OF TRANS	PORTATION APPROVA		Ill be returned to T/C/V Cl DATE: Z[JAW	lerk.

Representative, Agency of Transportation