

District 8
 Certcode 0810-0

**CERTIFICATE OF HIGHWAY MILEAGE
 YEAR ENDING FEBRUARY 10, 2021**

Fill out form, make and file a copy with the Town Clerk, and submit the Mileage Certificate on or before February 20, 2021 to: Vermont Agency of Transportation, Division of Policy, Planning and Intermodal Development, Mapping Section through upload to the secure FTP site or if necessary via mail to: VTrans PPAID - Mapping Section, 2178 Airport Rd, Unit B, Berlin, VT 05641.

We, the members of the legislative body of **WOLCOTT** in **LAMOILLE** 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 Highways	Previous Mileage	Added Mileage	Subtracted Mileage	Total	Scenic Highways
Class 1	0.000				0.000
Class 2	10.650				0.000
Class 3	38.87				0.000
State Highway	7.023				0.000
Total	56.543				0.000
* Class 1 Lane	0.000				
* Class 4	7.04				0.000
* Legal Trail	4.58				

* 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".

[Blank area for new highways]

2. **DISCONTINUED:** Please attach SIGNED copy of proceedings (minutes of meeting).

[Blank area for discontinued highways]

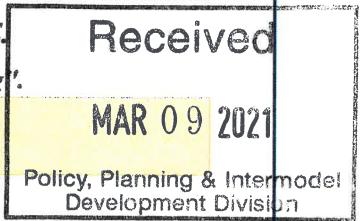
3. **RECLASSIFIED/REMEASURED:** Please attach SIGNED copy of proceedings (minutes of meeting).

[Blank area for reclassified/remeasured highways]

4. **SCENIC HIGHWAYS:** Please attach a copy of order designating/discontinuing Scenic Highways.

[Blank area for scenic highways]

IF THERE ARE NO CHANGES IN MILEAGE: Place an X in the box and sign below.



PART III - SIGNATURES - PLEASE SIGN.

Signatures of Selectmen/ Aldermen/ Trustees: Lynda J. Martin

Signature of T/C/V Clerk: Belinda Lane Date Filed: 02/17/2021

Please sign ORIGINAL and return it for Transportation signature

AGENCY OF TRANSPORTATION APPROVAL: Signed copy will be returned to T/C/V Clerk.

APPROVED: _____ DATE: _____
 Representative, Agency of Transportation