

**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 **TOWNSHEND** in **WINDHAM** 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	10.620				0.000
Class 3	44.88				0.000
State Highway	7.357				0.000
<b>Total</b>	<b>62.857</b>				<b>0.000</b>
* Class 1 Lane	0.000				
* Class 4	5.93				0.000
* Legal Trail	0.91				

\* 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".

[Redacted area]

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

[Redacted area]

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

[Redacted area]

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

[Redacted area]

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: [Signature] [Signature] [Signature]

Signature of T/C/V Clerk: Anita Bean Date Filed: 2-1-2021

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