MISSOURI DEPARTMENT OF TRANSPORTATION

DIVISION OF RIGHT OF WAY

**QUALITY ASSURANCE REVIEW REPORT**

Draft Report [ ]

Final Report [ ]

TO: District Engineer – D-

 ATTENTION: Right of Way Manager

 Review Number - 20      - D      - 0

 Date of Review --

 Location of Review – District       Office

 Exit Interview Date --

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Director of Right of Way

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Field Liaison Officer

Date:

The District is expected to complete all “District Response” sections of this report and to date and sign in the space below. The fully completed report is then to be copied, with one copy retained by the District for future reference, and one copy mailed to Right of Way Division by                     .

Please return an executed copy of this page indicating one of the following:

Report accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In this case, the report is considered final.)

Exception taken to report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In this case, attach brief summary of the items to which exception is taken.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Right of Way Manager Date