

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