

ARKANSAS STATE HIGHWAY & TRANSPORTATION DEPARTMENT

RIGHT OF WAY RESEARCH REQUEST

(On - Line Form)

Date:

Name:

Business Name:

Address:

Phone:

Fax:

Cell:

E-Mail:

Highway Number:

County:

Township:

Range:

Section:

Additional description of requested area:

Please e-mail or fax your request to one of the numbers listed below. We will process your request as quickly as possible.

Dale Hodges, Right of Way Specialist

Phone: 501-569-2329

Fax: 501-569-2018

