

PROJECT NUMBER
PROJECT DIRECTORY (IF APPLICABLE)
P.I.N. (IF APPLICABLE)

RESERVED FOR COUNTY RECORDER'S USE

IOWA | DOT

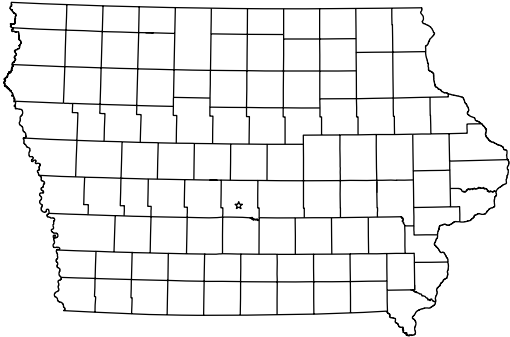
Highway Division

PRIMARY ROAD SYSTEM

MONUMENTATION PRESERVATION CERTIFICATE

U.S. OR IOWA HIGHWAY ?

PROJECT NO.

INDEX LEGEND						Project Description	
LOT & BLOCK AND OFFICIAL PLAT NAME OR PARCEL NUMBER AND/OR LETTER	1/4 SECTION DESIGNATION	SECTION	TOWNSHIP	RANGE	PREPARED BY AND RETURN THIS ORIGINAL DOCUMENT TO:	Monument Preservation Procedures	
					P.L.S. NAME HERE COMPANY NAME HERE COMPANY NAME HERE STREET ADDRESS CITY, IOWA XXXXX PHONE XXX-XXX-XXXX EMAIL: EMAIL ADDRESS HERE		
					GOVERNMENT ENTITY: IOWA DEPT. OF TRANS.	PLACE P.L.S. SEAL HERE	
					REQUESTOR: IOWA DEPT. OF TRANS.		
					? CO. IOWA		
							
					Coordinate System:	I hereby certify that this Land Surveying document was prepared by me or under my direct personal supervision and that I am a duly licensed Professional Land Surveyor under the laws of the State of Iowa.  Signature: _____ <div>P.L.S. NAME HERE</div> Date: _____ Lic. No. _____ XXXXX My license renewal date is December 31, 20XX. Pages or sheets covered by this seal: _____ Drawn by: _____	
PW FILE NO.:				(NAME OF COUNTY).COUNTY	PROJECT NUMBER: XXXX-XXX-X(XXX)--XX-XX		SHEET NO.