



STATE OF MICHIGAN
DEPARTMENT OF TRANSPORTATION

RICK SNYDER
GOVERNOR

KIRK T. STEUDLE
DIRECTOR

Dear

Subject: Request for Utility Information

Project Location (Route, City or Township, County):

Scope of Work:

Control Section(s):

Job Number(s):

Proposed Plan Completion Date:

For your information, the design of this project will be done by a consultant: No Yes

If Yes, the consultant is:

Please mark your utility facilities on one set of the enclosed plans for the above mentioned Michigan Department of Transportation project. These facilities should be dimensioned to known features, such as a right-of-way line or road centerline. One set of marked plans and the attached "Request for Utility Information – Return Form" should be sent to the Transportation Service Center (TSC) utility coordination engineer listed. If you do not have any facilities in the area, please send only the completed return form. Please respond by .

For all potential utility conflicts, especially underground, the department may require the exact field location of your facilities. The enclosed plans are incomplete, and any utility relocation design should be undertaken only after discussion with the TSC utility coordination engineer. If certain items of utility work, such as adjustment of manholes, placing of conduits, etc., are to be included in this project, please indicate this in the Request for Utility Information – Return Form's comments section.

Sincerely,

Enclosure
cc: TSC Utility Coordination Engineer (w/plans)
N. Lefke

Project Manager

REQUEST FOR UTILITY INFORMATION – RETURN FORM

Date:

To:

Please return this completed form and marked plans (if applicable) by
following utility coordinator:

to the

Control Section(s):

Job Number(s):

Utility Response Information

Utility facilities within project limits No Yes
Marked MDOT plans enclosed No Yes
Utility company maps enclosed No Yes
Facilities are dimensioned from Right-of-Way Road Centerline Other: _____
Facilities are Underground Aerial
If available, approximate vertical dimension(s) _____
Size and type _____ Year: _____
Facilities are Active Out of Service

Bridge(s)

Facilities attached to underside of bridge No Yes
Facilities located in bridge deck, sidewalk or barrier wall No Yes
Buried facilities near bridge No Yes
Aerial facilities near bridge No Yes

Municipal Utilities and County Drains Only

Any work proposed to be included in project? No Yes (If Yes, explain) _____

Utility Contact for Design Phase:

Utility Contact for Construction Phase:

(Information to be shown on MDOT Plans)

Name: _____ Name: _____

Address: _____ Address: _____

City, State and Zip Code: _____ City, State and Zip Code: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

E-Mail: _____ E-Mail: _____

Comments: _____

