



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TRANSPORTATION
LANSING

PAUL C. AJEGBA
DIRECTOR

To:

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,

Project Manager

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

REQUEST FOR UTILITY INFORMATION RETURN FORM

Date: _____

To: _____

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

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: _____	

