

Prepared for Century Link (formerly Lightcore) (Local Fiber Optic)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

## RETURN TO:

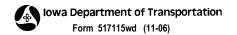
Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Project Location:

Unknown Pavement - Grade & Replace, IA 92 from just West of Co. Rd. R-57 East to just East of South N St. In Indianola

1.	Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
2.	Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
3.	Anticipated start date:
4.	Estimated construction time required (in <b>working</b> days):

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.
	Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Na	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-r	nail of Preparer



Prepared for Century Link (formerly Qwest) (Local Fiber Optic)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

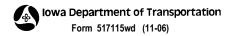
RETURN TO:

Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Project Location:

- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
   Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
   Anticipated start date:
   Estimated construction time required (in working days):
- 5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of DOT real estate parcels that the State must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.
	Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10.	Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Nar	ne of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-m	nail of Preparer



Prepared for CenturyLink (Telephone)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

## **RETURN TO:**

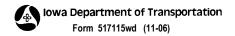
Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Project Location:

Unknown Pavement - Grade & Replace, IA 92 from just West of Co. Rd. R-57 East to just East of South N St. In Indianola

1.	Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
2.	Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
3.	Anticipated start date:
4.	Estimated construction time required (in working days):

Review the enclosed plans for the above project. Are your facilities correct as shown? If not, list the errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.  Name:
Address:
City/State/Zip:
Phone Office/Cell:
E-Mail
List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
ne of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.  ail of Preparer



Prepared for Indianola, City of (Electric)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

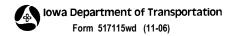
## **RETURN TO:**

Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Project Location:

- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
   Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
   Anticipated start date:
   Estimated construction time required (in working days):
- 5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of DOT real estate parcels that the State must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6.	Review the enclosed plans for the above project. Are your facilities correct as shown? If not, list the errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.  Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.



Prepared for Indianola, City of (Sanitary Sewer)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

## **RETURN TO:**

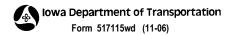
Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Pro	iect	Location:
	COL	Location

Unknown Pavement - Grade & Replace, IA 92 from just West of Co. Rd. R-57 East to just East of South N St. In Indianola

1.	Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
2.	Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
3.	Anticipated start date:
4.	Estimated construction time required (in working days):

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.  Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
	me of Person Who Prepared This Worksheet  Date  Phone Number of Preparer, plus Ext.  mail of Preparer



Prepared for **lowa Network Services** (Local Fiber Optic)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

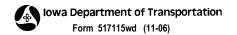
RETURN TO:
Bonnie Clancy

lowa Department of Transportation
District Utility Coordinator
307 West Briggs, P.O. Box 587
Fairfield, IA 52556-0587
bonnie.clancy@dot.iowa.gov

Project Location:

- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
   Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
   Anticipated start date:
   Estimated construction time required (in working days):
- 5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of DOT real estate parcels that the State must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has
	been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.
	Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Na	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-r	nail of Preparer



Prepared forlowa Network Services (Local Fiber Optic)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

**RETURN TO:** 

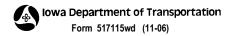
Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Project Location:

Unknown Pavement - Grade & Replace, IA 92 from just West of Co. Rd. R-57 East to just East of South N St. In Indianola

1.	Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
2.	Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
3.	Anticipated start date:
4.	Estimated construction time required (in <b>working</b> days):

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has
	been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.
	Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Na	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-r	mail of Preparer



Prepared for MCI/Verizon Business (Local Fiber Optic)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

## **RETURN TO:**

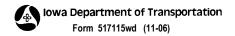
Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

D '		Lander Care	
Pro	lect.	Location	•

Unknown Pavement - Grade & Replace, IA 92 from just West of Co. Rd. R-57 East to just East of South N St. In Indianola

1.	Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
2.	Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
3.	Anticipated start date:
4.	Estimated construction time required (in <b>working</b> days):

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.  Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.  mail of Preparer



Prepared for MediaCom (Cable TV)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County:
Warren
Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

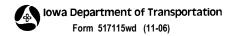
# RETURN TO: Bonnie Clancy Lowe Department of Transport

lowa Department of Transportation
District Utility Coordinator
307 West Briggs, P.O. Box 587
Fairfield, IA 52556-0587
bonnie.clancy@dot.iowa.gov

Project Location:

- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
   Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
   Anticipated start date:
   Estimated construction time required (in working days):
- 5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of DOT real estate parcels that the State must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.  Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Na	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-r	nail of Preparer



Prepared for MidAmerican Energy (Gas)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County: **Warren**Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

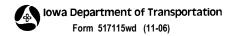
## **RETURN TO:**

Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Project Location:

- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
   Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
   Anticipated start date:
   Estimated construction time required (in working days):
- 5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of DOT real estate parcels that the State must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has
	been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.
	Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Na	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-r	nail of Preparer



Prepared for Warren Water District (Water)

#### PLEASE RETURN THIS WORKSHEET BY 1/14/2013

County:
Warren
Project No.:
STPN-092-5(50)--2J-91 (ROW)
STP-092-5(51)--2C-91 (Grade and Pave)

## **RETURN TO:**

Bonnie Clancy lowa Department of Transportation District Utility Coordinator 307 West Briggs, P.O. Box 587 Fairfield, IA 52556-0587 bonnie.clancy@dot.iowa.gov

Pro	iect	Location:

- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.
   Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, please explain and also identify what work will require coordination with the highway contractor during construction.
   Anticipated start date:
   Estimated construction time required (in working days):
- 5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of DOT real estate parcels that the State must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6.	errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly since this information will be used by all construction field personnel. Uncorrected location errors could create construction delays.
7.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has
	been coordinated with them?
8.	Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.
	Name:
	Address:
	City/State/Zip:
	Phone Office/Cell:
	E-Mail
9.	List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility relocations.
10	. Do you have any facilities that are no longer in use but have been left in place in the project area? Yes or No
Na	me of Person Who Prepared This Worksheet Date Phone Number of Preparer, plus Ext.
E-r	mail of Preparer