



**PROJECT INQUIRY DATA SHEET
UTILITY RELOCATION REIMBURSEMENT REQUEST**

Utility Company: _____
Address: _____
City, State, Zip: _____
Contact: _____
Title: _____
Phone (Office): _____
Phone (Cell): _____
Email: _____

Letting Date: _____
County: _____
Project #: _____ (ROW)
Project #: _____ (CONST)
Work Type: _____
Location: _____

Existing Facility Information:

- What is the location of your existing facilities?
 On Private Both Private/Public ROW* Length: Private _____ Public _____
*Provide copies of easements for portions located on private easement.
Relocations of existing facilities located in public right-of-way are not eligible for reimbursement and should be prorated in the estimate portion of this request (Question 19).
- Are your facilities shown correctly on the DOT plans for the above project?
 Yes (Yes, skip to question 3) No (Month/Year Installed: _____)
- 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 result in construction delays.

Relocation Information:

- Engineering to be done by: Company Forces Consultant Engineer*
**If by consultant, provide proposed consultant engineering contract to DOT for approval.*
- Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach relocation drawing/plan to this submittal.
- Identify relocation work that will need coordination with the highway contractor during construction:
- Identify any underbuilt companies that may be impacted by your relocation.
- Identify relocation work that will need coordination with other utility companies. List companies and include anticipated schedule.
- Do you have any facilities that are no longer in use but have been left in place in the project area? Yes No
- List any other relevant information that may bear on the goal of preventing construction delay due to uncertain scheduling of utility relocations.
- List any other approvals required for your relocation and the expected time for obtaining those approvals.

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12. How will your relocation be performed?

- Company Forces
 Contract Forces* Combination* Contract letting to be held Continuing contract in effect**

**If contract forces are used, provide written request substantiating necessity.*

***If by continuing contract, provide copy of continuing contract.*

13. Anticipated construction start date: _____

14. Estimated construction time required (in working days): _____

Real Estate Information:

15. List all DOT real estate parcels that the DOT must acquire to enable your company to complete the necessary facility installations and relocations.

16. Do you expect to incur any expense in connection with replacement easement acquisition? Yes No

Estimate Information:

Method of Billing (Accounting Procedure in accordance with [23 CFR part 645, subpart A](#))

- Actual cost (actual costs incurred for materials and labor tracked in a work order system)
 Unit cost (specific price for tasks and materials supported by recent actual expenditures)
 Lump Sum (fixed price where costs and scope of work are well-defined with no change anticipated)
 Other (specify) _____

Note: No construction costs are to be incurred prior to official written authorization to proceed with the adjustments.

17. Will you be making any improvements or betterments to your facility? Yes No

If yes, please include a credit for these in your estimate as they are not eligible for reimbursement.

18. Will you be salvaging or taking back in to stock any materials? Yes No

If yes, please include a credit for these in your estimate as they are not eligible for reimbursement.

19. What is the estimated cost of your relocation?

Estimated Total Cost:	\$ _____	
Company Cost:	\$ _____	_____ % Company Share
State Cost:	\$ _____	_____ % State Share

20. Please provide your company's field contact information for this project.

Field Contact: _____
 Address: _____
 City, State, Zip _____
 Phone (Office): _____
 Phone (Cell): _____
 Email: _____

21. Additional comments: _____

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Certification:

The Company hereby certifies that:

1. It is qualified professionally and is financially capable of performing the services required; and
2. Properly trained and experienced personnel are available to perform the services within the time prescribed; and
3. It has been apprised of all applicable technical work requirements and administrative controls including those of the Federal Highway Administration (FHWA).

Submitted by: _____

Title: _____

Phone (Office): _____

Phone (Cell): _____

Email: _____

Date: _____

Include Attachment A – Utility Conflict Information

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Attachment A Utility Conflict Information with DOT Station / Corresponding DOT Plan Sheet #

Conflict #	DOT Station	Plan Sheet #	Parcel #	Easement	Public ROW
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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8.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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16.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
17.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
18.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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22.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
23.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
24.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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30.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
31.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
32.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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