

Uti	lity Company: Letting Date:
Ad	dress: County:
Cit	y, State, Zip: Project #:(ROW)
Co	ntact: Project #:(CONST)
Tit	le: Work Type:
Ph	one (Office): Location:
Ph	one (Cell):
Em	ail:
	sting Facility Information: What is the location and length of your <u>existing</u> facilities <u>affected by the DOT project</u> ?
	Length of existing facilities on public ROW* LF
	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).
2.	Are your facilities shown correctly on the DOT plans for the above project? Yes (If yes, skip to question 4) No (Month/Year Installed:)
3.	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.
Re	ocation Information:
4.	Engineering for your relocation to be done by: Company Forces Consultant Engineer* *If by consultant, provide proposed consultant engineering contract to DOT for approval.
5.	Describe the scope of your proposed relocation for the above project using highway stationing whenever possible. *Attach relocation drawing/plan to this submittal.
6.	Describe relocation work that will need coordination with the highway contractor during construction:

7.	Describe any underbuilt companies that may be impacted by your relocation.
8.	Describe relocation work that will need coordination with other utility companies. List companies and include anticipated schedule.
9.	Do you have any facilities that are no longer in use but have been left in place in the project area? Yes No
10.	List any other relevant information that may bear on the goal of preventing construction delay due to uncertain scheduling of utility relocations.
11.	List any other approvals required for your relocation and the expected time for obtaining those approvals.
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):
	l Estate Information: List all <u>DOT</u> real estate <u>parcels</u> that the DOT must acquire to enable your company to complete the necessary facility installations and relocations.
	Do you expect to incur any expense in connection with replacement easement acquisition? Yes No wes, please indicate the anticipated easement needs and associated costs in your estimate.

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? \(\subseteq \text{Yes} \subseteq \text{No} \) 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 Share* Company Cost: State Cost: % State Share* *The cost shares are based on the ratio established in Item 1 of this data sheet. This is a summary of the cost allocation. Please provide the detailed and itemized estimate for all costs to support the method of billing indicated above. 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 (if any):

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;
- 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

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

Conflict #	DOT Station	Plan Sheet #	Parcel #	L.F./Unit	
	Easement	Public ROW			
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PROJECT INQUIRY DATA SHEET UTILITY RELOCATION REIMBURSEMENT REQUEST							
98							
99							