

Utilities Questionnaire

UTILITY:	
PROJECT NO.:	DATE:
LOCATION:	

PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN TWO WEEKS

The information requested is intended only to be a close approximation to aid this office in identifying situations that may require special attention. In order to accommodate any utility adjustments/relocations it is necessary we have the following information.

1	Is your facility in conflict?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	How soon can we expect to receive your rehabilitation plans and estimate?	EXPECTED DATE:
3	Do you intend to engage the services of a consulting engineer to prepare the necessary plans and estimate for your rehabilitation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Is it your intent to occupy public right-of-way with your relocated facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If not, how much time will be required for the acquisition of your easements?	TIME REQUIRED:
5	What is the estimate of the time interval between authorization to proceed and actual commencement of work?	TIME INTERVAL:
6	What is the estimate of the number of working days your actual rehabilitation will require?	WORKING DAYS:
7	Will you contract the physical rehabilitation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Other than right-of-way, are there any reasons, such as deep excavation, seasonal loads, joint occupancy, etc., that would delay actual rehabilitation once authorized to proceed?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF ITEM 7 IS "YES", EXPLAIN FULLY BELOW:

PREPARED BY:	TITLE:
PHONE NO.:	
INDIVIDUAL ASSIGNED TO THIS WORK IF OTHER THAN ABOVE	
NAME:	TITLE:
PHONE NO.:	DATE PREPARED:

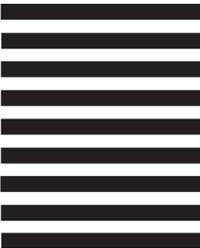
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