

UTILITY CHECK LIST

SECTION: *(Applicable for widening projects)*DATE: UTILITY COMPANY: CONTACT: TELEPHONE NUMBER: LOCATION: *(Insert roadway or facility with Mile Post, Municipality, County)*
Station *(Include continuous stationing if available)*EXISTING FACILITIES: *(Insert existing facilities to be accommodated)*PROPOSED WORK: 1. Place Temporary: *(Insert temporary requirements, if involved)*2. Place Permanent: *(Insert facilities to be placed)*3. Remove Existing: *(If existing facilities can be abandoned, indicate as such)*4. Remove Temporary: *(Include only if temporary facilities are required)*REMARKS: *(Insert work to be performed by Utility Company or by Others)**(Describe betterment, if involved)**(Include specific construction time table and other relevant information)*