

	← Date	Preliminary Utility Summary
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Please return this form with comments and concerns within ONE week of the above date.

The South Carolina Department of Transportation recently sent you a project notification letter with respect the following:

SCDOT Project ID: \_\_\_\_\_  
SCDOT Project Title: \_\_\_\_\_  
Location / County: \_\_\_\_\_

In regards to the project schedule, we expect the following timelines:

Preliminary Concept Plans: \_\_\_\_\_  
Right of Way/Drainage Plans: \_\_\_\_\_  
Utility Kickoff Meeting: \_\_\_\_\_  
Scheduled Project LET Date: \_\_\_\_\_

At this time SCDOT does not anticipate any schedule changes for this project.

To assist us please advise us of any significant information, changes or concerns:

(Please verify the attached utility contact list)

Utility Name: \_\_\_\_\_  
Utility Contact/s: \_\_\_\_\_  
Address Changes: \_\_\_\_\_ or N/C  
Phone / Email Changes: \_\_\_\_\_ or N/C  
Have Existing Facilities: \_\_\_\_\_ (yes or no)  
May Have Prior Rights: \_\_\_\_\_ (yes or no)  
Restrictions/Major Impact: \_\_\_\_\_  
Anticipated Future Facilities: \_\_\_\_\_  
Need In Contract Services: \_\_\_\_\_ (yes / no / maybe)

Please use space below to describe major restrictions / major impacts / anticipated future utilities.

Please attach any company standards or guideline restrictions.