

Please return this form with comments and concerns within two weeks of the above date.

SCDOT Project ID: _____

SCDOT Project Title: _____

Location / County: _____

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

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

[illegible]