

	◀ 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.