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 **\* \*IMMEDIATE RESPONSE REQUESTED**\* \*

RE: MDOT Project - **\_\_\_\_\_\_\_\_\_** Date:

 Town/City: **\_\_\_\_\_\_\_\_\_**

Project WIN: **\_\_\_\_\_\_\_\_\_**

Location: **\_\_\_\_\_\_\_\_\_**

To whom it may concern OR Dear Sir/Madam:

The Maine Department of Transportation is planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Beginning… or Project Details…\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Enclosed you will find a location map to further assist you in locating the proposed project.

**Please complete and return the brief questionnaire attached to this letter.** We are requesting information for existing facilities within the project limits ***OWNED*** by the utility or municipality you represent. The information provided at this time will allow our project designers to recognize the presence of existing facilities or plans to install additional facilities within the next five years. Your responses will enable us to better coordinate our work with you throughout this project.

**PLEASE NOTE, THAT IF YOU ARE THE POLE OWNER, OR HAVE MAINTENANCE RESPONSIBILITIES ON A JOINT POLE AGREEMENT, PLEASE IDENTIFY ALL OF THE ATTACHING ENTITIES. THIS INFORMATION IS CRITICAL IN IDENTIFYING ANY UTILITIES WHICH MAY NOT HAVE BEEN IDENTIFIED AS PART OF THIS INITIAL PROCESS.**

The Work Identification Number (WIN)assigned to this project is **\_\_\_\_\_\_\_\_\_** and should be used on any future correspondence regarding this project.

This project is scheduled for design OR construction OR Advertise for the XXXX construction season. If you have any questions or concerns, please feel free to contact me at (XXX) XXX-XXXX, coordinator@maine.gov Thank you for your cooperation.

Sincerely,

Coordinator

Utility Coordinator

Encl: Questionnaire Response Form

 Project Location Map

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**\* \*IMMEDIATE RESPONSE REQUESTED**\* \*

**RE:** Maine DOT Project -**\_\_\_\_\_\_\_\_\_** Date:

 Town/City: **\_\_\_\_\_\_\_\_\_**

Project WIN: **\_\_\_\_\_\_\_\_\_**

Location: **\_\_\_\_\_\_\_\_\_**

**Utility Coordinator:** MaineDOT Program OR Consultant Company, **\_\_\_\_\_\_\_\_\_** – Coordinator

Street

Town, ZIP

Cell: XXX-XXXX

E-Mail: coordinator email

Please complete the following short questionnaire and **return within 5 days**. The following may be filled out electronically in Microsoft Word by using the “TAB” key.

**Name of Utility or Municipality:**

**Date Form Submitted:**

1. **Does the utility or municipality you represent presently have facilities within the project limits?** [ ]  Yes [ ]  No

**2. What type of facilities does your organization own that are located in the project area?** [ ]  Underground

|  |  |
| --- | --- |
|  | [ ]  Aboveground |

**3. Are you the Pole Owner?** [ ]  Yes [ ]  No

 **If so, who are the attachees:**

|  |  |
| --- | --- |
|  |  |
|  |  |

**4. Does your organization plan to install new facilities within the project limits in the next 5 years?** [ ]  Yes [ ]  No

 **This includes upgrades to existing systems. Please describe in Comments Section.**

**5. Contact person for project coordination:**

 Name:

 Address:

 Cell:

 E-mail:

**6. Contact person for construction if different than above:**

 Name:

 Address:

 Cell:

 E-mail:

**7. Comments**

MAP