**PROPOSED HIGHWAY IMPROVEMENT NOTICE**

Locals 02/2020

This notice advises that the Local Public Agency is planning the improvement identified below.

|  |  |
| --- | --- |
| To      | From – Name, Address, City, State, ZIP Code      |
| Improvement Project ID      | County      |
| Highway Route Number or Name      |
| Improvement Limits      |
| General Description of Work to be Done      |
| Utility Coordination Desired Completion Date      | Anticipated Year of Improvement Construction      |

|  |  |  |  |
| --- | --- | --- | --- |
| Local Public Agency Name      |  |  |       |
| Consultant Name      |  | (Local Public Agency or Consultant Representative Signature)(If Computer-filled, Brush Script Font) | (Date) |
|       |
|  |  | (Title) |  |

# NOTICE ACKNOWLEDGEMENT

***Return this form within 7 days of receipt to address shown above.***

Receipt of the above notice is acknowledged.

[ ]  We have no utility facilities in the vicinity of the improvement.

[ ]  We have utility facilities in the improvement vicinity and will provide a description and general location within 60 days of the above notification date.

[ ]  We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| Utility Name      |  |  |  |
| Utility Representative Name – Please Print |  | (Utility Representative Signature) | (Date) |
|  |  | (Title) |  |