

REQUEST FOR UTILITY COST ESTIMATE

DATE RECEIVED: _____ DISTRIBUTED: _____ REVISION: _____

I.D. # (WBS) _____

PROJECT (TIP) NUMBER: _____

COUNTY: _____

ENGINEER _____

PROJECT DESCRIPTION AND SPECIAL INSTRUCTIONS:

ALTERNATE 1:

TYPE OF PLANS FURNISHED FOR ESTIMATE: Preliminary

DATE DUE: _____

ESTIMATED BY: _____ UTILITY COMPLETED DATE: _____

ALTERNATES

	Alt 1	Alt 2	Alt 3	Alt 4
UTILITIES RELOCATION COST:				
CONSTRUCTION COST:				
TOTAL ESTIMATED COST:				

Attach Plan Sheet and Vicinity Map for each alternate