

**PROPOSED HIGHWAY IMPROVEMENT NOTICE**

Wisconsin Department of Transportation

DT1077 10/2005 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, this notice advises that the Wisconsin Department of Transportation is planning the improvement identified below.

|                                                                                                                  |                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To<br>Steve Jakubiec<br>TDS Metrocom LLC-Communication Line<br>Suite 218A<br>10 College Ave<br>Appleton WI 54911 | From – Name, Address, City, State, ZIP Code<br>Becky Reese<br>Division of Transportation System Development<br>Northeast Region<br>944 Vanderperren Way<br>Green Bay WI 54304 |
| Improvement Project ID<br>1130-54-71                                                                             | County<br>OUTAGAMIE                                                                                                                                                           |
| Highway Route Number or Name<br>IH 41                                                                            |                                                                                                                                                                               |
| Improvement Limits<br>APPLETON-GREEN BAY/CTH E INTERCHANGE                                                       |                                                                                                                                                                               |
| General Description of Work to be Done<br>Interchange ramp improvements                                          |                                                                                                                                                                               |
| Utility Coordination Desired Completion Date<br>2020                                                             | Anticipated Year of Improvement Construction<br>2022                                                                                                                          |

|                                                |                                                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Transportation Region Name<br>Northeast Region | <i>Becky Reese</i> May 30, 2018                                                                   |
| Consultant Name                                | (Region or Consultant Representative Signature) (Date)<br>(If Computer-filled, Brush Script Font) |
|                                                | Utility Coordinator                                                                               |
|                                                | (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 as required by s.84.063(2)(b) Wis. Stats.
- ☐ We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)

|                                            |                                           |
|--------------------------------------------|-------------------------------------------|
| Utility Name<br>TDS Metrocom LLC           |                                           |
| Utility Representative Name – Please Print | (Utility Representative Signature) (Date) |
|                                            | (Title)                                   |