PROPOSED HIGHWAY IMPROVEMENT NOTICE

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.

Improvement Project ID 1221-18-71 Highway Route Number or Name IH 43 Improvement Limits PORT WASHINGTON - SHEBOYGAN/CTH V - CTH EE General Description of Work to be Done Median cable guard will be installed from the first crossover just south of the IH 43 & CHT V/OK interchange and extend northerly to the overpass of CTH EE. Possible minor grading and inlet adjustments. Utility Coordination Desired Completion Date 2019 Transportation Region Name Northeast Region Region or Consultant Representative Signature) (Region or Consultant Representative Signature) (Region or Consultant Representative Signature) (Region or Consultant Representative Signature)	To Mary Fisher PaeTec Communications, LLC-Communication Line 13935 Bishops Dr Brookfield WI 53005	From – Name, Address, City, State, ZIP Code Becky Reese Division of Transportation System Development Northeast Region 944 Vanderperren Way Green Bay WI 54304			
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(ii computer-mica, brash comput ont)	Consultant Name	(Region or Consultant Representative Signature) (Date) (If Computer-filled, Brush Script Font)			
Utility Coordinator		Utility Coordinator			

(Title)

NOTICE ACKNOWLEDGEMENT

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

Rec	ceipt of the above notice is acknowledged.			
	We have no utility facilities in the vicinity of the improve	ement.		
	We have utility facilities in the improvement vicinity and days of the above notification date as required by s.84	d will provide a description and general location 1.063(2)(b) Wis. Stats.	within 60	
	We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)			
	Jtility Name			
	PaeTec Communications, LLC			
Ĺ	Itility Representative Name – Please Print	(Utility Representative Signature)	(Date)	

(Title)