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 Rick Vincent Net Lec LLC-Communication Line 450 Security Blvd PO Box 19079 Green Bay WI 54307-9079 | From – Name, Address, City, State, ZIP Cod Becky Reese Division of Transportation System D Northeast Region 944 Vanderperren Way Green Bay WI 54304 | | | |
|--|--|-----------------|--|--|
| Improvement Project ID 4430-19-71 | County DOOR | | | |
| Highway Route Number or Name STH 42 | | | | |
| Improvement Limits STH 42, CITY OF STURGEON BAY/S JUNCTION STH 57-BAY VIEW BRIDGE | | | | |
| General Description of Work to be Done This is a resurface level improvement project entailing concrete repair and asphalt mill & overlay. Additional work may include culvert and storm sewer repairs/replacements, beam guard replacements, curb and gutter, and curb ramp work. | | | | |
| Utility Coordination Desired Completion Date 2020 | Anticipated Year of Improvement Construction 2022 | on | | |
| | | | | |
| Transportation Region Name Northeast Region | Becky Reese | August 27, 2018 | | |
| Consultant Name | (Region or Consultant Representative Signature (If Computer-filled, Brush Script Font) | e) (Date) | | |
| | 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 Net Lec LLC | | | | |
| | Utility Representative Name – Please Print | (Utility Representative Signature) | (Date) | | |

(Title)