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.

| To Lori Butry Wisconsin Public Service Corporation-Electricity 700 N Adams St PO Box 19001 Green Bay WI 54307-9001 | From – Name, Address, City, State, ZIP Code 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 | n | | |
| | | | | |
| Transportation Region Name Northeast Region | Becky Reese | August 27, 2018 | | |
| Consultant Name | Region or Consultant Representative Signature) (Date) If Computer-filled, Brush Script Font) Utility Coordinator | | | |
| (Title) | | | | |
| | (1140) | | | |

NOTICE ACKNOWLEDGEMENT

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

| Re | 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 Wisconsin Public Service Corporation | | | | |
| | Utility Representative Name – Please Print | (Utility Representative Signature) | (Date) | | |

(Title)