

PROJECT PLAN TRANSMITTAL

Wisconsin Department of Transportation

DT1078 4/2019 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, the Wisconsin Department of Transportation is furnishing the number of sets specified below of the available plan showing all existing utility facilities known to the department where they will conflict with the improvement identified below.

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|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To Jeff Shaw TDS Telecom-Communication Line 202 E Ogden Street Medford WI 54451 | From – Name, Address, City, State, ZIP Code Becky Reese Division of Transportation System Development Northeast Region 944 Vanderperren Way Green Bay WI 54304 |
| Improvement Project ID 4670-10-71 | County CALUMET |
| Highway Route Number or Name STH 55 | |
| Improvement Limits STOCKBRIDGE - KAUKAUNA/SOUTH JCT STH 114 - CASTLE DRIVE | |
| Number of Plan Set(s) 1 | Anticipated Year of Improvement Construction 2022 |
| Project Classification Resurfacing (Overlay >= 4 Inches) | Work Plan Due Date March 14, 2020 |

For the purposes of Trans. 220.05(4), this improvement is classified as indicated above. Your work plan is required at the above address on or before the due date indicated.

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|------------------------------------------------|------------------------------------------------------------------------------------------|
| Transportation Region Name Northeast Region | <i>Becky Reese</i> October 15, 2020 |
| Consultant Name | (Region or Consultant Representative Signature) (Date) Utility Coordinator (Title) |

PROJECT PLAN ACKNOWLEDGEMENT

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

Receipt of the above transmittal is acknowledged.

| | |
|--------------------------------------------|-------------------------------------------|
| Utility Name TDS Telecom | |
| Utility Representative Name – Please Print | (Utility Representative Signature) (Date) |
| | (Title) |