

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 Vincent Albin Charter Communications-Communication Line 3520 E Destination Dr Appleton WI 54915	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 6230-14-71;6230-14-72	County 6230-14-71(OUTAGAMIE);6230-14-72(OUTAGAMIE)
Highway Route Number or Name 6230-14-71(STH 54);6230-14-72(STH 54)	
Improvement Limits 6230-14-71(SHIOCTON - SEYMOUR/PARK AVENUE - FRENCH ROAD);6230-14-72(STH 54, VILLAGE OF BLACK CREEK/TOWER DRIVE - N BEECH STREET)	
General Description of Work to be Done Resurfacing project with culvert and beam guard replacements. C-44-0009 box culvert replacement, misc curb and gutter repair, misc storm repair in Black Creek, curb ramp improvements in Black Creek, signing and pavement marking.	
Utility Coordination Desired Completion Date 2021	Anticipated Year of Improvement Construction 2023

Transportation Region Name Northeast Region	<i>Becky Reese</i> July 30, 2018
Consultant Name	(Region or Consultant Representative Signature) (Date) (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 Charter Communications	
Utility Representative Name – Please Print	(Utility Representative Signature) (Date)
	(Title)