

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.

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| To Peter Kempen Seymour Community School District-Communication Line 10 Circle Dr Seymour WI 54165 | 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 |

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| 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.)

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| Utility Name Seymour Community School District | |
| Utility Representative Name – Please Print | (Utility Representative Signature) (Date) |
| | (Title) |