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 Dawn Schultz Xcel Energy-Electricity 1414 W Hamilton Ave PO Box 8 Eau Claire WI 54702-0008	From – Name, Address, City, State, ZIP Cod Bill McElroy Division of Transportation System D Northwest Region Eau Claire Office 718 W Clairemont Ave Eau Claire WI 54701	evelopment	
Improvement Project ID 7200-02-73	County St. Croix		
Highway Route Number or Name STH 35			
Improvement Limits C RIVER FALLS, STH 35 AND STH 65/DIVISION STREET/CTH M (JUG-HANDLE)			
General Description of Work to be Done This project consists of constructing a jughandle intersection in the NW quadrant of the STH 35/CTH M intersection. The project would included construction of the intersection and connector road to Hanson Rd.			
Utility Coordination Desired Completion Date 2018	Anticipated Year of Improvement Constructio 2020	n	
Transportation Region Name Northwest Region Eau Claire Office	Bill McElroy	December 8, 2015	
	Region or Consultant Representative Signature If Computer-filled, Brush Script Font)) (Date)	
e e e e e e e e e e e e e e e e e e e	NisDOT Consultant Utility Coordinato	r.	
	(Title)		
IOTICE ACKNOWLEDGEMENT			
Return this form within 7 days of receipt to address shown above.			
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Neturn ting form within 7 days of receipt to dadress of	nomin above.		
Receipt of the above notice is acknowledged.			
We have no utility facilities in the vicinity of the impro	vement.		
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 Xcel Energy	Ball hello	12-9-15	
Utility Representative Name – Please Print	(Utility Representative Signature)	(Date)	
	/Title)		

(Title)