Oregon Department of Transportation

BENCH MARK REQUEST

REQUESTER INFORMATION

NAME	DATE

COMPANY NAME	PHONE

ADDRESS	FAX

CITY, STATE, ZIP	E-MAIL

BENCH MARK INFORMATION

AGENCY SETTING CAP (ODOT, USGS, ETC.)	INSCRIPTION/STAMPING (EXAMPLE: B446 1952)	COUNTY

NEAREST CITY	NEAREST HIGHWAY, ROAD, OR STREET

If you have a photo of the mark, please e-mail to ORGN@odot.state.or.us

Provide a detailed description of area (i.e. direction to and distance from nearest intersection. A detailed description of the area is especially important if the request is for vertical control in a general area, and not for a specific named bench mark.)

DESCRIPTION

HORIZONTAL POSITION (optional)

LATITUDE (DDMMSS.SSSS)	LONGITUDE (DDDMMSS.SSSS)

SOURCE	HORIZONTAL DATUM

734-2682 (10/2020)