

INSERT UTILITY COORDINATOR LETTERHEAD

(LETTER DATE)

(UTILITY COMPANY NAME)
(UTILITY COMPANY ADDRESS)
(UTILITY COMPANY CITY, STATE, ZIP)

Subject: Conflict Letter with Non-Reimbursable Work
(PROJECT NAME)
(HIGHWAY)
(COUNTY)
Key Number: (PROJECT KEY NUMBER)

Attention: (UTILITY CONTACT NAME)

INSERT THE FOLLOWING SENTENCE IF A CONSULTANT

(INSERT CONSULTANT FIRM NAME) has been retained by the Oregon Department of Transportation (ODOT) to provide design engineering services during the design phase of the subject project located (COUNTY / CITY NAME).

Bids will be received for the above project on (INSERT LET DATE). Facilities owned by your company conflict with the construction of this project and should be relocated or adjusted before construction begins. Please refer to the enclosed preliminary plan sheet(s) that note and highlight the conflicting facilities.

Facilities noted as “potential conflict” are assumed to be in conflict and are required to be relocated within the schedule listed below until further investigation by your company can positively rule out the conflict. We ask your cooperation to further investigate any potential conflicts by having your company pothole the sites to determine the exact depth and horizontal location as soon as possible.

CHOOSE ONE OF THE FOLLOWING OPTIONS. DELETE THE OTHER, AS WELL AS THE LINES AND DIRECTIONS

OPTION 1: For use with Non-Municipal Utilities ONLY and NOT on State Highway ROW

The conflicting facilities are located on public right of way and are assumed to be located by permission of a public road authority and not eligible for reimbursement under the provisions of the Code of Federal Regulations, 23 CFR 645A, which can be viewed at the following website: www.fhwa.dot.gov/reports/utilguid/.

If you believe the relocation of your facilities are compensable because of some prior right, you must provide evidence of the prior right, such as an easement or special franchise agreement, and receive written authorization, before completing any design or relocation work.

You are hereby directed to provide your estimated time requirements to relocate your facilities within (INSERT NUMBER OF DAYS) days.

OPTION 2: For use with all utilities located on State Highway ROW

The conflicting facilities are located on state highway right of way and are assumed to be located by permission of ODOT under the provisions of OAR 734-055. It is further assumed

your facilities are located by permission of a standard permit and therefore are not eligible for reimbursement under the provisions of OAR 734-055-0045.

If you believe the relocation of your facilities are compensable because of some prior right, you must provide evidence of the prior right, such as an easement, "x" permit, or information described under ORS 366.321, and receive written authorization before doing any design or relocation work.

You are hereby directed to provide your estimated time requirements to relocate your facilities within **(INSERT NUMBER OF DAYS)** days. This letter serves as the written notice in accordance with OAR 734-055-045(2), which requires your company to respond within the time frame contained in this notice.

All reimbursable relocations must comply with 23 CFR 635.410 Buy America. If your company has any questions or concerns, or is unable to acquire materials compliant with the Buy America Program, please contact the State Utility Liaison at 503-986-3658.

The enclosed plans represent the complete mapping of your facilities, both locatable and un-locatable underground facilities, as provided by your company in accordance with OAR 952-01-80. You must review the mapping of your facilities on the enclosed plans for completeness and accuracy, and contact me immediately for corrections to errors or omissions. If errors or omissions are discovered during construction, your company may be held responsible for delay claims that are caused by your company's failure to notify ODOT of said errors or omissions.

The conflicting facilities must be completely relocated or adjusted **(SELECT)**, so as not to delay the construction of the project.

If your company cannot comply with the above completion date, you must contact me immediately to obtain written agreement on a revised relocation schedule. No changes can be made to the relocation schedule after **(ENTER DATE).** The relocation schedule will be specified in the project contract documents and your company will be responsible to meet the schedule. Your company may be held responsible for any delay claims that are caused by your company's failure to meet the specified relocation schedule(s).

For questions regarding this notification and its requirements, please call me at **(YOUR PHONE NUMBER)**.

Sincerely,

(YOUR NAME), Utility Coordinator

Attachment: Plans Sheet(s) **(IDENTIFY SHEET NUMBER)**

CC: Tammy Saldivar, State Utility Liaison (UtilityandRailProgra@odot.state.or.us)
(PM NAME), Project Manager
(PL NAME), Project Leader
(PERMIT SPECIALIST NAME), Permit Specialist