

# Reimbursement Certification Form

PROJECT NAME:

ODOT KEY NO.:

I, (*name of Utility Coordinator*), am the (*position title*), for the (*company name*). I have field inspected the utility facilities to be relocated or adjusted on the above captioned project. From this field inspection, I have determined to the best of my ability, that such utility facilities owned by (*utility company name*), to be relocated or adjusted for which we are requesting reimbursement, are located as follows:

- % on private property by easement or service agreement
- % on City Street right-of-way
- % on County Road right-of-way
- % on State Highway right-of-way
- % on State Hwy Routed over City Street
- % on Sovereign Nation

## Reimbursement is requested on the following basis:

- Private property by right of:  easement
- Private property by right of:  service agreement
- City facility located on City Street right of way
- City facility located on State Hwy routed over City Street (Per ORS 373.020)
- Utility facility located on State Highway right of way by "X" Permit. "X" Permit No. \_\_\_\_\_
- State Park Utility facility located on State Highway right of way prior to May 20, 1980.
- Utility facility located within a Sovereign Nation.
- Pursuant to the provisions of ORS 366.321 as described below:
  - State highway project where municipal corporation, district or authority established under ORS 264, 450, 451, 523 or 545 is located in or on public right of way, other than state highway. Utility is established under ORS \_\_\_\_\_.  
(Chapter No.)
  - Municipal corporation, district or authority established under ORS 264, 450, 451, 523 or 545, originally located in or on state highway right of way prior to becoming state highway, and without a permit.  
State Highway No. \_\_\_\_\_ established on: \_\_\_\_\_  
(Hwy No.) (Date)  
Utility established under ORS \_\_\_\_\_ and originally installed on: \_\_\_\_\_  
(Chapter No.) (Date)

(Signature) \_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Date)