

Utility Certification for Local Public Agency Project

Date:	(IDENTIFY DATE)
To:	(ODOT LIAISON), ODOT Local Agency Liaison
CC:	Tammy Saldivar
From:	(YOUR NAME), Utility Coordinator
Key Number:	(IDENTIFY PROJECT KEY NUMBER)
Project Name:	(PROJECT NAME)
Subject:	Utility Certification for (SELECT FROM DROPDOWN)

→ **NOTE: This certification is valid for six months, from the date identified above.**

This memo certifies that for this project, based on (SELECT PLAN TYPE) dated (DATE OF LAST PLAN SET SUBMITTED TO UTILITY), (INDICATE WORK STATUS – SELECT FROM DROPDOWN) as required for proper coordination with the physical construction schedule.

The bid date for this project is (BID DATE).

Appropriate notification identifying all utility relocation work together with status of/or schedule for completion for each utility company involved within the limits of this project has been made a part of the special provisions.

Utility Providers

The following utilities are within the project limits and will be adjusting, relocating, or installing facilities before, during or after construction. Relocation time requirements for these utilities are attached to this certification.

- (IDENTIFY UTILITIES OR INDICATE NONE)

The following utilities are within the project limits but no conflicts are anticipated.

- (IDENTIFY UTILITIES OR INDICATE NONE)

Exceptions

The following exceptions have been identified: (IDENTIFY AND EXPLAIN EXCEPTION, OR INDICATE NONE)

Utility Certification Co-Sign

**UTILITY
COORDINATOR**

(NAME)

SIGNATURE

PRINT NAME

**STATE UTILITY
LIAISON**

Tammy Saldivar

SIGNATURE

PRINT NAME

Only for Projects with Utility Exceptions:

**LOCAL AGENCY
REPRESENTATIVE**

(NAME OR N/A)

SIGNATURE

PRINT NAME