

(Date)

Mr. Ty Garner
D5 Utilities Administrator
Florida Department of Transportation
719 S. Woodland Blvd. MS 2-546
Deland, FL 32720

Re: FPN# (Enter FPN#)
County (Enter County)
State Road (Enter State Road)
Document (Enter Document #)
FAP# (Enter N/A if not applicable)
From (Enter Project Limits)
Description

Dear Mr. Garner:

This is to certify that all utility work has been completed or that all necessary arrangements have been made to undertake and complete this project as required for proper coordination with the physical construction schedule.

The special provisions package includes appropriate notification, which identifies all utility work, including the status and/or schedule for completion for each company involved within the limits of this project. The following utilities and involvement are listed as follows:

Utility Work Schedules

1. Name of UAO

Utility Agencies Contacted, but Not Involved (have facilities within the limits of construction)

1. Name of UAO
2. Name of UAO
3. Name of UAO
4. Name of UAO

Utility Agencies Contacted, (no facilities within the limits of construction)

1. Name of UAO
2. Name of UAO

Sincerely,

Engineer of Record

cc: (Enter Project Manager's Name), FDOT Project Manager