

ROAD CLOSURE, UTILITY OUTAGE OR CONNECTION REQUEST

Revised: AUG 09

DATE OF REQUEST: _____

PW #: _____

WORK REQUEST, OR CONTRACT NO.: _____

CHECK UTILITIES AFFECTED: ELECTRIC GAS WATER SEWAGE ROADS RAILROADS

LOCATION: _____

PURPOSED DESCRIPTION OF WORK: _____

FACILITIES AFFECTED: _____

NAME OF COMPANY/DEPARTMENT: _____

PWD ENGINEERING TECH: _____ PHONE#: _____

REQUESTED START TIME: _____ DAY: _____ DATE: _____
FINISH TIME: _____ DAY: _____ DATE: _____

EXCAVATION REQUIRED? _____ (IF YES, SUBMIT EXCAVATION PERMIT)

SCHEDULED START TIME: _____ DAY: _____ DATE: _____
FINISH TIME: _____ DAY: _____ DATE: _____

SCHEDULED BY: _____

NOTIFICATION LIST: EXECUTED BY: _____ TIME/DATE: _____

ACTIVITY/COMMAND/ DEPT/DIV	FACILITY	PERSON CONTACTED	FAX #	TEL. #	COMMENTS
FIRE DEPARTMENT	321		871-2477	871-2414	
SECURITY	324		871-2114	871-2361	
QUARTER DECK	1		871-3161	871-2555	
NMCI - POWER OUTAGES	203		EMAIL/PHONE	2003/2443 547-7015	
PRO MECH -POWER OUTAGES			EMAIL/PHONE	871-3174	

PWD Utilities connection witnessed by _____

OUTAGE AUTHORIZED BY: _____ TITLE: _____ DATE: _____

Note: A PUBLIC WORKS REPRESENTATIVE MUST BE PRESENT DURING ALL FINAL CONNECTIONS TO EXISTING UTILITIES.