

**DEPARTMENT OF TRANSPORTATION
SURVEY REQUEST SLIP**

Rev. 10/19/12

PROJECT NAME: _____

STATE PROJECT NUMBER: _____

METRIC IMPERIAL SCALE: _____

DESCRIPTION OF SURVEY REQUEST: _____

REQUESTING BUREAU/SECTION: _____

SURVEY REQUEST BY: _____ DATE: _____

SURVEY COMPLETION DATE REQUESTED: _____

SURVEY REQUEST TO BE RETURNED TO: _____

APPROVED BY: _____

REMARKS: _____

PLAN PREP ESTIMATED PROCESSING TIME: _____ NOTED BY: _____
(COORDINATE WITH PLAN PREP UPON SURVEY COMPLETION)

REQUESTER: PLEASE INCLUDE INFO NEEDED BY GROUPS LISTED BELOW

ADDITIONAL INFORMATION REQUEST (PLEASE INITIAL)

PRELIMINARY DESIGN _____ BRIDGE DESIGN _____

FINAL DESIGN _____ ENVIRONMENT _____

CONSULTANT DESIGN _____ UTILITIES _____

MATERIALS & RESEARCH _____ ROW _____

DESCRIPTION OF PROJECT: _____

CONTACT PERSON: _____ TELEPHONE: _____

TWO COPIES TO SURVEY & ONE COPY TO PLAN PREP

FOR SURVEY USE ONLY

REQUEST APPROVED BY: _____ DATE: _____

ESTIMATED COMPLETION DATE: _____

ESTIMATED CREW DAYS: _____

SURVEY SUPERVISOR: _____

PRIMARY CREW CHIEF: _____

TOTAL STATION CONVENTIONAL GEODETIC

REMARKS: _____

ACTUAL START DATE: _____

ACTUAL COMPLETION DATE: _____