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:______________________