

**PROPOSED HIGHWAY IMPROVEMENT NOTICE**

Wisconsin Department of Transportation

DT1077 10/2005 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, this notice advises that the Wisconsin Department of Transportation is planning the improvement identified below.

To Pat Christian UW Madison 1210 W. Dayton St. Madison WI 53706	From – Name, Address, City, State, ZIP Code Debby Kozol Division of Transportation System Development Southwest Region Madison Office 2101 Wright St Madison WI 53704-2583
Improvement Project ID 1204-05-72	County IOWA
Highway Route Number or Name USH 18	
Improvement Limits DODGEVILLE - MOUNT HOREB/USH 151 TO E COUNTY LINE	
General Description of Work to be Done The purpose of this project is to patch and overlay the existing pavement surface that has exceeded its service life. The project begins near the USH 151 interchange and extends northeast approximately 14.43 miles to the east county line of Iowa County. Proposed improvements include overlaying the travel lines of pavement and paved shoulders with 4.25 inches of Hot Mix Asphalt (HMA) at the centerline and 3.5 inches of HMA at the edge of pavement.	
Utility Coordination Desired Completion Date 2018	Anticipated Year of Improvement Construction 2020

Transportation Region Name Southwest Region Madison Office	<i>Debby Kozol</i> February 14, 2017
Consultant Name	(Region or Consultant Representative Signature) (Date) (If Computer-filled, Brush Script Font)
	Utility Coordinator
	(Title)

**NOTICE ACKNOWLEDGEMENT**

**Return this form within 7 days of receipt to address shown above.**

Receipt of the above notice is acknowledged.

- ☐ We have no utility facilities in the vicinity of the improvement.
- ☐ We have utility facilities in the improvement vicinity and will provide a description and general location within 60 days of the above notification date as required by s.84.063(2)(b) Wis. Stats.
- ☐ We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)

Utility Name UW Madison- Communications	
Utility Representative Name – Please Print	(Utility Representative Signature) (Date)
	(Title)