

ARKANSAS DEPARTMENT OF TRANSPORTATION

DISTRICT OFFICE TELEPHONE (501) 569-2171

DISTRICT 6 PERMIT OFFICER CELL PHONE (501) 551-5207

EMERGENCY UTILITY REPAIR FORM

DATE: _____ TIME: _____ AM / PM

PERSON CALLING: _____ TITLE: _____

COMPANY: _____ PHONE: _____

TYPE OF UTILITY: _____

HWY: _____ SECTION: _____ COUNTY: _____

NEAREST CITY: _____

REPAIR GPS LOCATION: _____

WORK REQUIRED: _____

PAVEMENT CUT YES NO

SHOULDER CUT YES NO

BEHIND CURB YES NO

BOTTOM OF DITCH YES NO

BACK 5 FT ROW YES NO

OTHER: _____

DISTANCE FROM EOP (edge of pavement): _____

ROAD CONDITION: _____

For Department Use Only

TYPE OF APPROVAL: **VERBAL** **TEXT** **EMAIL** **OTHER**

TIME & DATE OF APPROVAL: _____

DISTRICT PERSONNEL CONTACTED: _____

SIGNATURE OF PERSON GIVING APPROVAL

COMMENTS: | Instructed to follow guidelines of Utility Accommodation Policy.