# Heavy Equipment Work Request Form

Project Location: ______________________________________________________________

Project Description: ____________________________________________________________
____________________________________________________________________________

Start Date: ___________ Estimated End Date: ___________

Associated PR/WR #: _____________ Shop Assist: Utilities ☐
Construction ☐
Landscaping ☐

Will this project require a pre-construction meeting? Yes ☐ No ☐

Who is responsible for Locates? ________________________________________________

*Please mark area to be located in white

Location of Street/Sidewalk closures: _____________________________________________

Who is responsible for requesting closures? _________________________________________

*Check with campus for special events for the date and area requested.

Who will provide traffic control and equipment? _____________________________________

*Heavy Equipment is responsible for providing all fencing, trench plates, safety equipment, etc.

Will this work require Asphalt/Concrete cuts? Yes ☐ No ☐

Who will coordinate asphalt work? _______________________________________________

Are here any potential storm impacts? Yes ☐ Describe: _______________________________
No ☐ ________________________________________________________________
*If yes, please contact Garrett Ferry ____________________________________________

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<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Requestor</td>
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<tr>
<td>Project Manager/Point of Contact</td>
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<tr>
<td>Onsite Contact</td>
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