

Notice of Intent to Perform Work Process

(This Notice of Intent does not eliminate the excavator's responsibility under Missouri law to request locates from Missouri One Call).

There are three methods to inform MoDOT of your intent to perform work on MoDOT Right of Way: Although MoDOT is a member of Missouri One Call, the information in the form below is required in order to track work zones, lane drops, shoulder work, traffic control plans, etc.

- 1) **Preferred** - Fill out the online form (<http://www.modot.mo.gov/asp/intentToWork.shtml>) and click "Submit" at the bottom. The form will automatically be sent to the correct District Office for processing.
- 2) **Fax** - Print out the form, complete and fax to the correct district fax number shown below.
- 3) **Phone** - Call 888-275-6636 (ASK MoDOT) or call the district office number shown below and provide the information on the form to the Customer Service Representative.

District Fax and Phone Numbers:

District 1 816-387-2350; Fax (816-387-2359)	District 6 314-340-4100; Fax (314-340-4508)
District 2 660-385-3176; Fax (660-385-6307)	District 7 417-629-3300; Fax (417-629-3393)
District 3 573-248-2490; Fax (573-248-2467)	District 8 417-895-7600; Fax (417-895-7652)
District 4 816-622-6500; Fax (816-622-6550)	District 9 417-469-3134; Fax (417-469-4555)
District 5 573-751-3322; Fax (573-522-1059)	District 10 573-472-5333; Fax (573-472-5351)

*Notification should be submitted a minimum of 2 working days and a maximum of 10 working days prior to commencement of work.

*If the form is not filled out correctly it will be returned to you by E-mail or Fax for corrections.

*MoDOT underground utility facilities are governed under the law for Underground Facility Safety and Damage Prevention RSMO Chapter 319.015 thru 319.050



NOTICE OF INTENT TO PERFORM WORK

This section completed by MoDOT personnel:

MoDOT Tracking Number _____
 Customer Service Rep. _____
 Date & Time Received _____
 Date Completed _____
 Completed By _____
 MoDOT Utilities Yes _____ No _____
 Method of Contact:
 site _____ verbal _____ Phone _____
 Person _____

Point of Contact Information

***Lane Closures Require a 24/7 Point of Contact while work is being conducted.**

*Name: _____	*Telephone: _____
*Email address: _____	Fax: _____
*Company Name: _____	Cellular Number: _____

After printing, fax to Customer Service at:

MoDOT permit No.: _____	and, if applicable, MoDOT Job No.: _____
*County: _____	Route(s): _____
*Start Date: _____	*Time: _____
*Town/Nearest Town: _____	
*Type of Work: _____	Work Zone Length: _____
*Location of work on State Highway right of way along the _____	_____ Side. _____
(Direction)	(state Highway, County Road, City street, or County line)
Type of Equipment: _____	Depth: _____
Tunnel: Yes _____ No _____	Horizontal Boring: Yes _____ No _____
Explosive: Yes _____ No _____	
Is a meeting requested? Yes _____ No _____	If Yes, mark lines at time of meeting?
	Yes _____ No _____
Meeting request date: _____ Time: _____	Call to Confirm? Yes _____ No _____
Best Time to Call Excavator: (7:30 am to 4:00 pm) _____	
Comments: _____	
*Is this a Lane or Shoulder Closure? Yes _____ No _____	If Yes, complete the following:
Lane: _____	#Lanes Closed: _____
Lane Type: _____	Closure Location: _____
Start Date: _____ Time: _____	Day or Night: _____
End Date: _____ Time: _____	Weekend Work: _____

***Denotes Required Fields**

Note: Type or Print Legibly