



NOTICE OF DISPUTE

FOR DEPT. USE

_____ - _____ - _____ Organization - Year - Number

NOTICE OF DISPUTE

Review Request for Disputed Permitted Work in State Highway Right-of-Way
(Fax, Email, or Deliver to District Permit Office)

Incident Location – County: _____ State Route: _____ Segment: _____ Offset: _____

Permittee: _____ Permit No.: _____

Contractor: _____

Consultant: _____ Inspector in Charge: _____

Contract Bid Date: _____ Permit Issuance Date: _____ Incident Date: _____

(1) Describe project details in dispute:

(2) Describe how you think this project detail should be handled, and why:

Optional: _____

CONTRACTOR'S SIGNATURE	DATE	PHONE NUMBER
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Required: _____

PERMITTEE'S SIGNATURE	DATE	PHONE NUMBER
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Please Complete All Information, Enter N/A if Not Applicable.

Additional Sheets May Be Used.



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____ - ____ - ____
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- THIS PAGE FOR DEPARTMENT USE ONLY -

Application Date: _____

(1) Regulation Section(s) Governing Project Detail:

(2) Policy Governing Project Detail:

(3) Facts in Dispute:

(4) Recommendation (include reasons):

Permit Manager Signature

Date

Concur with Recommendation Yes No

Panel Review Required Yes No

Permittee notified on _____
(Date)

Signed _____
(ASST.) DISTRICT EXECUTIVE