



Kentucky Transportation Cabinet
 Division of Right of Way & Utilities
CHANGE ORDER

TC 69-004
 05/25/2023

GENERAL ROAD PROJECT INFORMATION

(This section is as defined in the contract as executed)

County: @CountyName
Federal Number (if applicable): @Federal_no
State Number: @Funding
Route/Road Name: @InfoRoute
Item or AAR-DOT Number: @ItemNo

Company: @utilityName
Contact: @PrimaryContactname
Address: @Address
 @City, @State @PinCode

COMPANY INFORMATION

Change Order No. @ChangeOrderNumber **Contract Number:** @AgreementNumber **Contract Type:** @DocumentType

PROPOSED CHANGES IN CONNECTION WITH UTILITY/RAIL AGREEMENT *(use page two for more than three proposed changes):*

Line	Description of item needed	Units	Quantity	Unit Price	Increase	Decrease
1				\$	\$	\$
2				\$	\$	\$
3				\$	\$	\$
Totals from page 2					\$	\$
Net increase or decrease					\$	\$
				Utility Company participating percentage % applied	\$	
				Kentucky Transportation Cabinet participating percentage % applied	\$	\$

REASON FOR PROPOSED CHANGES: @DescOfWork

IF APPROVED BY THE TRANSPORTATION CABINET, THE UNDERSIGNED COMPANY AGREES TO DO THE WORK OUTLINED ABOVE, AND TO ACCEPT, AS PAYMENT IN FULL, THE BASIS OF PAYMENT SET FORTH HEREIN.

Utility Owner NAME: @utilityName

 Authorized Representative Signature Date

FOR CABINET USE ONLY:

Recommended: District Utility Agent / Rail Coordinator Date

Recommended: Chief District Engineer (N/A for Rails) Date

Recommended: T.E.B.M, Utilities and Rail Branch Date

Approved: Director, Division of Right of Way & Utilities Date

SUBMIT THIS FORM TO DISTRICT UTILITY SUPERVISOR/RAIL COORDINATOR
<http://transportation.ky.gov/district.htm>

SUPPLEMENTARY LIST OF PROPOSED CHANGES IN CONNECTION WITH UTILITY/RAIL AGREEMENT:

Line	Description of item needed	Units	Quantity	Unit Price	Increase	Decrease
4				\$	\$	\$
5				\$	\$	\$
6				\$	\$	\$
7				\$	\$	\$
8				\$	\$	\$
9				\$	\$	\$
10				\$	\$	\$
11				\$	\$	\$
12				\$	\$	\$
13				\$	\$	\$
14				\$	\$	\$
15				\$	\$	\$
16				\$	\$	\$
17				\$	\$	\$
18				\$	\$	\$
TOTALS					\$	\$

SUPPLEMENTARY REASON FOR PROPOSED CHANGES: *In order to approve this change order, the Cabinet needs documentation justifying the additional expense. This section is intended to provide a summary. Fully detailed backup documentation must be provided and attached to this form.:*

Initials Required

COMPANY VALIDATION:

I accept the certification terms on page 1 in reference to the work performed as defined on page 1.

Initial: _____

Date: _____