|  |  |  |
| --- | --- | --- |
|  | Kentucky Transportation Cabinet  Division of Right of Way & Utilities  **UTILITY / RAIL AGREEMENT CHANGE ORDER** | TC 69-004  Rev. 10//2022  Page 1 of |

**GENERAL ROAD PROJECT INFORMATION***(This section is as defined in the contract as executed)*

**County:**

**Federal Number** *(if applicable)***:**

**State Number:**

**Route/Road Name:**

**Item or AAR-DOT Number:**

**COMPANY INFORMATION**

**Company:**

**Contact:**

**Address:**

**Change Order No.**  **Contract Number:**  **Contract Type:**

**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  Contract participating percentage % applied | | | | | $ | $ |
| $ | $ |

**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. (****Additional space is provided on Page 2 for explanation****)***:**

**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

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.

COMPANY NAME**:**

Authorized Representative Signature Date

**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: