

# PROJECT CONTACT INFORMATION

After award of the contract the project engineer needs to submit their Trunk Highway Impact Project Contact Information. Email the form prior to construction to:

- Metro Dispatch - [MetroMaintDispatcher.DOT@state.mn.us](mailto:MetroMaintDispatcher.DOT@state.mn.us)
- Metro Public Affairs - [MetPacs.DOT@state.mn.us](mailto:MetPacs.DOT@state.mn.us)
- RTMC - [todd.fairbanks@state.mn.us](mailto:todd.fairbanks@state.mn.us)
- Metro Permits - [buck.craig@state.mn.us](mailto:buck.craig@state.mn.us)
- Metro State Aid Construction - [michael.pretel@state.mn.us](mailto:michael.pretel@state.mn.us) & [kyle.puent@state.mn.us](mailto:kyle.puent@state.mn.us)

## Trunk Highway Impact Projects

All Trunk Highway lane closures, work zone lay-outs & changes need to be pre-approved by MnDOT "Metro Traffic". Metro Traffic contact information can be found at:

<http://www.dot.state.mn.us/metro/trafficeng/laneclosure/contacts.html>

**Date:** \_\_\_\_\_ **Field Office Location:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **S.P./S.A.P. Number(s):** \_\_\_\_\_

**Trunk Highway Number(s):** \_\_\_\_\_

**From** (include mile marker): \_\_\_\_\_

**To** (include mile marker): \_\_\_\_\_

**At** (use for stationary location only, i.e. ramp(s): \_\_\_\_\_

**Description:** \_\_\_\_\_

**Prime Contractor:** \_\_\_\_\_

**Contract Value:** \_\_\_\_\_

### "AFTER HOURS" CONTACTS

(List in order who the calls should be made and include area codes)

#### Contractor

(1) Name: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

#### Project Engineer & Staff

(1) Name: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

# PROJECT CONTACT INFORMATION

Office: _____	Email: _____
Email: _____	
(3) Name: _____	(3) Name: _____
Home: _____	Home: _____
Mobile: _____	Mobile: _____
Office: _____	Email: _____
Email: _____	

**Traffic Control Contractor:**

(1) Name: _____	Phone: _____
(2) Name: _____	Phone: _____

**Anticipated Start Date:** \_\_\_\_\_ **Anticipated Completion Date:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Permit Restrictions:**      No      Yes (If yes, describe restrictions. ex: Lane width or capacity)