**REQUEST FOR *NOTICE TO START/RESUME***

 **WORK ORDER**

Date of Letter:\_\_\_\_\_\_\_\_\_\_\_

 (work will begin within 10 days after date of this letter)

PROJECT I.D.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACTOR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT MANAGER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Contract Requirements Met:

\_\_\_ Executed Contract

\_\_\_ ECIP

\_\_\_ Request to Sublets

\_\_\_ Preconstruction Meeting

\_\_\_ Accepted Work Schedule

Form can be faxed or e-mailed to:

Karen Roberts karen.roberts@dot.wi.gov

FAX: (262) 548-6465