

		Request for Right-of-Way Support Services			
		Service Requested:			
		NCTD Permit #:			
* Billing Entity & Contact Information:					
Right-of-Way Support Request - Select Service(s)		Request By:		Project:	
Signal Support	☐	Requestor Email:		Field Contact Email:	
Track Inspection	☐	Requestor Cell Number:		Field Contact Cell Number:	
Signal Mark-Out	☐	Organization:		Meeting Location:	
Support Service(s) Time(s) & Date(s)		Hours (24 Hr. Format):		Date(s) (Begin/End):	
Proposed Work (Signal Support/Track Inspection)		Describe work to be performed, equipment and tools to be used and system(s) that may be affected:			
Location of Work (Signal Support/Track Inspection)		Provide exact location of work with begin/end limits using railroad mileposts:			
Signal Mark-Out		(Signal mark-out requests must also complete the sections below, providing as much detail as possible)			
Proposed Work		Describe work to be performed (excavation, boring, grading), equipment to be used, depth of excavation/bore/grading and material to be installed:			
Location of Work		Provide exact location of work and begin/end limits of locating and mark-out being requested. Provide location of work using Railroad Milepost (to one hundredth of a mile) and offset from known structure or roadway.			
Attachments (All Requests)		Attach relevant plan sheets, excavation/boring/grading plan, exhibits or sketches and/or aerial images:			
APPROVAL		Originator: Signature: _____ Date: _____			
		Title: _____			
		Signature: _____ Date: _____			
		NCTD: _____			

Support Services must be requested at a minimum of 21 days in advance of the requirement and approval is subject to the availability of resources.

*Actual cost of services will be invoiced upon completion or work performed, minus any existing deposit amounts.

This form must be completed in its entirety to obtain Support Services from NCTD. Mark Outs are **only** valid for 2 weeks from date of **actual completion** of mark out. Any work past 2 weeks from Mark Out completion requires another Mark Out request submittal.

Title: _____

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