

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) UDS - _____		Latitude/Longitude (N/W) or State Plane Coordinate (N/E) ____ = _____ ____ = _____	
District: _____ County: _____			
Utility Demarcation Site			
General Site Information			
The Support Infrastructure (Pole, Cabinet, Pedestal, etc.) at this Demarcation Site owned by: <input type="checkbox"/> FDOT <input type="checkbox"/> Utility Company <input type="checkbox"/> Other _____ Utility Co. Name: _____ Utility Co. Structure No.: _____ Service Provider: _____ Address: _____ UDS provides Electric Service to Electric Site (SIN): SIN: _____		Installed Year: _____ Service Type: <input type="checkbox"/> Aerial <input type="checkbox"/> Underground Service Pole Material: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No Distance to Travel Lane: _____ Lane Closure Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Power Disconnect Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communication Service			
Communication Service is provided at this Demarcation Site: <input type="checkbox"/> Yes <input type="checkbox"/> No Service Type: <input type="checkbox"/> Aerial <input type="checkbox"/> Underground The Communication Service at this Demarcation Site is provided by the following Communication Co.: _____ This Demarcation Site includes a Communication Interface or Disconnect: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Communication Service Type:</u> <input type="checkbox"/> CATV – Broadband <input type="checkbox"/> Power Co – Broadband <input type="checkbox"/> Telco – DSL <input type="checkbox"/> Telco – POTS <input type="checkbox"/> Wireless – Cellular <input type="checkbox"/> Wireless – Satellite Telephone Number: _____ Circuit ID: _____ Static IP Address: _____			