

**UTILITY AND/OR GATE OUTAGE REQUEST
AND/OR
APPLICATION FOR OVERTIME WORK**

State of Hawaii
Department of Transportation
Airports Division

Date: _____

The following interruption of Airport Utilities Services and/or Gates is required in conjunction with:

Project _____

Project No. _____

State Project Manager: _____

Phone Number: _____

DATE: _____ TIME _____

TYPE OF SERVICE: UTILITY _____ GATE _____

THE NATURE OF WORK TO BE PERFORMED (Be Specific): _____

LOCATION OF WORK: _____

AREAS AFFECTED: _____

SPEC. SECTION AND/OR CONTRACT DRAWING PAGE: _____

NECESSITY/REMARKS: _____

GENERAL CONTRACTOR: _____

CONTRACTOR REPRESENTATIVE: _____

PHONE NO. _____

SUBCONTRACTOR: _____

SUBCONTRACTOR REPRESENTATIVE: _____

PHONE NO. _____

TO BE COMPLETED BY C.M.

INSPECTION REQUIRED: _____ YES _____ NO

C.M. INSPECTOR: _____

PHONE NO: _____

RECOMMENDED BY: _____ DATE _____

REMARKS _____

TO BE COMPLETED BY DOT-A

APPROVED BY: _____ DATE _____

Hawaii District Engineering

APPROVED BY: _____ DATE _____

Airport District Manager