

**ALABAMA DEPARTMENT OF TRANSPORTATION  
DAILY UTILITY RELOCATION REPORT**

FORM SP-1  
Revised: 04/26/19

COUNTY: \_\_\_\_\_ DIVISION: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ REPORT NO.: \_\_\_\_\_

PROJECT NO.: \_\_\_\_\_ DAY: \_\_\_\_\_ DATE: \_\_\_\_\_

UTILITY COMPANY: \_\_\_\_\_

TEMPERATURE: HI: \_\_\_\_\_ LOW: \_\_\_\_\_ AVG: \_\_\_\_\_ LOCATION STA: \_\_\_\_\_ STA: \_\_\_\_\_

**Utility Personnel on Project:**

| Name | Title | Hours | Name | Title | Hours |
|------|-------|-------|------|-------|-------|
|      |       |       |      |       |       |
|      |       |       |      |       |       |
|      |       |       |      |       |       |
|      |       |       |      |       |       |
|      |       |       |      |       |       |
|      |       |       |      |       |       |

**Material Used This Date (Quantity, Size and Kind):**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**Recovered Material (Reused, Salvaged, Scrap):**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**Utility Equipment Used This Date:**

| Type | Size | Hours | Type | Size | Hours |
|------|------|-------|------|------|-------|
|      |      |       |      |      |       |
|      |      |       |      |      |       |
|      |      |       |      |      |       |
|      |      |       |      |      |       |
|      |      |       |      |      |       |

**Remarks (Work Performed, Delays, Etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Department of Transportation Inspector