

## FORM A - REQUESTER INFORMATION

**To be completed by Requester**

- A. See RTD-CAP-PLY-001
- B. Disruption to RTD services is highly discouraged. Staff will work with external parties to 1) eliminate, or, if necessary, 2) reduce the impact of the service disruption.

Project Name	
Contact	
Company/Agency	
Email	
Phone	
Service Routes affected	
Duration of Service change	
Location of Project with nearest major streets	
Description of Overall Project	
Description of Scope of work that affects RTD	
Form Completed by:	
Date	

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_ Mailstop: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_  
Office # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_  
Office # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Invoice Request:**  
• Submitted by: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
• What GL account to credit \_\_\_\_\_

## FORM C – LIGHT RAIL DISRUPTION REQUEST

**To be completed by RTD Rail Maintenance of Way Divisions**

This form only applies to non-RTD projects, and event closures.

- A. See RTD-CAP-PLY-001
- B. Disruption to RTD services is highly discouraged. Staff will work with external parties to  
1) eliminate, or, if necessary, 2) reduce the impact of the service disruption.

**PLANNING ESTIMATE:**

Item	Unit Rate	Rate	Number of Units		Cost	
			Planned	Actual	Planned	Actual
Light Rail Maintenance of Way Flagger	Per person, per hour	\$40				
Shutdown / power down	Per occurrence	\$500				
Signal traction power maintainers	Per person, per hour	\$50				
<b>TOTAL</b>						

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Prepared By Name Date

I agree to pay the above charges. I understand that RTD will bill me for this work.

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Requestor Name Date

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On behalf of