

FAX LOCATE REQUEST - PART 1

TOTAL NUMBER OF PAGES TRANSMITTED TO SASK 1ST CALL: _____

CONTACT INFORMATION

Caller ID Number _____

Request Submitted by: _____ Phone Number: _____

Alternate contact/cellular: _____ Phone Number: _____

Company Name: _____ Fax Number: _____

Company Address: _____

Would you like to meet the locators on site? Yes No

Would you like to be contacted once locates are completed? Yes No

Type of work: _____ Depth of Excavation: _____

Exact Dig Location Information:

Alley Side Street Property Line

Sidewalk Front Front Lot Back Lot

Public Property Private Property Public/Private Property

Road Shoulder Blvd Curb

Right of Way Intersection Park All Around

Other (please specify) _____

Site plans attached?

Has the proposed excavation site been marked?

Who is the work being done for? _____

Work To Begin Date: _____ Time: _____

SASK 1ST CALL Subscribers Require a MINIMUM of 2 Full Working Days Notice.

FAX TO SASK1st CALL: 525-2356 or 1-866-455-5559

LOCATE REQUEST FORM (URBAN)

| CITY/COMMUNITY | ADDRESS OR LOCATION: | NEAREST INTERSECTING STREETS: | ADDITIONAL INFORMATION: |
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LOCATE REQUEST FORM (RURAL)

| NEAREST CITY/TOWN – APPROX DISTANCE & DIRECTION FROM CITY/TOWN | LEGAL LAND DESCRIPTION | ADDITIONAL INFORMATION – STARTING FROM AND EXTENDING TO (DISTANCE & DIRECTION) |
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