

**CALL 8-1-1 TOLL FREE
2 Full Working Days Before You Dig**



DigAlert No. _____

LOCATION REQUEST FORM

For faster service, prior to call fill out all non-italicized fields

Date & Time of call: _____ **Operator:** _____

Company phone #: _____ Caller: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

Best time to reach you: _____

Foreman: _____ Alternate phone #: _____

Delineated: Yes No Delineated method: _____

County: _____ City: _____

If more than 1 address or descriptive location: _____

Address: _____ Street: _____

Closest X/ST: _____

Mile post marker 1: _____ Mile post marker 2: _____

Does the excavation enter into the street or sidewalk: Yes No

Thomas Guide page & grid: _____

Latitude/Longitude: _____

Boring: Yes No Explosives: Yes No Vacuum: Yes No

Type of work: _____

Any work at night: Yes No Any work over the weekend: Yes No

Date & Time work is to begin: _____

Instructions: Mark By Meet & Mark Validate Permit Only Now

Work being done for: _____

Permit #: _____ Not Required Not Available Blanket

Member notified by USA: _____

Update on or before date: _____