

# U-DIG

406-755-8344 FAX: 406-752-7220 (Locate Requests)

## FAX LOCATE REQUEST CONTRACTOR VITAL INFORMATION SHEET

CONTRACTOR NAME (business name): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

Street City State Zip

MAILING ADDRESS: \_\_\_\_\_

Street City State Zip

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

OWNER/PRINCIPAL NAME: \_\_\_\_\_

### CONTRACTOR'S REPRESENTATIVES<sup>1</sup>

ID #	NAME	BUSINESS PHONE (including extension)	CELLULAR PHONE	EMAIL ADDRESS

PRIMARY BUSINESS: \_\_\_\_\_

U-DIG REQUESTS ARE USUALLY FOR LOCATES ON:

- PRIVATE PROPERTY     PUBLIC RIGHT-OF-WAY

Contractor agrees to advise the U-DIG Locate Center of any changes in account status which could affect, in any way, the Center's ability to properly handle the locate request. This vital information must be updated annually or when changes occur.

Contractor certifies that all individuals with authority to submit fax locate requests have been advised of the required 2 business days advance notice requirement and that the contractor assumes all responsibility related thereto.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

<sup>1</sup>Those who are authorized to represent the contractor in placing locate requests