ZAVALLA WATER/SEWER DEPARTMENT LINE LOCATE FORM

Date of Request: _____

Company requesting locate: _____

Contact person's name: _____Phone #_____

Nature of Work _____ Duration of work _____

When is the work going to be done: _____

Address of work being done: _____ Zavalla, TX

Nearest Intersection: _____

Directions

_____

_____

_____

Are you digging deeper than 16 inches? □ yes □ no

Are there explosives? □ yes □ no

Have you marked the area you need located with paint? □ yes □ no

Is this an emergency locate □ yes □ no (if yes why?) _____

Signature of person requesting locate: _____

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For office use only

Received by: _____ Date Received _____

Work Completed on: _____ By Whom: _____