

HAWAII ONE CALL CENTER

(Questions asked on Locate Requests for the State of Hawaii)

CALLER INFORMATION

Caller Name _____ Company Name _____

Phone Number _____ - _____ - _____ Ext _____ Caller I.D. Number _____

Mailing Address _____ City _____ State _____

Alternate Contact Name _____ Phone # _____ - _____ - _____

WORK SITE INFORMATION

Type of work taking place _____

Who is the work being done for? _____

Permit Number _____

Is the work site area marked in White? _____

Will explosives be used? _____

On what Island is the work taking place? _____ What County? _____

What City/Place or nearest City/Place? _____

Address _____ Street _____

Nearest Intersecting Street _____

(include distance & direction from intersecting street)

Location of Work _____

Additional Remarks _____

Do You have the Township, Range, Section & Quarter Section? _____

INFORMATION PROVIDED BY CENTER

Utilities Notified _____

Date area should be marked by _____ TICKET # _____

PLEASE NOTE THAT THIS FORM SERVES AS A GUIDELINE FOR CALLED IN LOCATES ONLY...IT IS NOT INTENDED, NOR WILL IT BE ACCEPTED AS, A FORM FOR FAXING IN LOCATES. FOR INFORMATION ON OUR FAXED-LOCATE PROGRAM PLEASE CALL (503) 232-1987

UTILITY NOTIFICATION CENTER

(Questions asked on Locate Requests)

CALLER INFORMATION

Caller Name _____ (your name) Company Name _____ (the company you are with)

Phone Number _____ - _____ - _____ Ext _____ Caller I.D. Number _____ (if you have one)

Mailing Address _____ (the company mailing address) City _____ State _____

Alternate Contact Name _____ (in case you are not available) Phone # _____ - _____ - _____

WORK SITE INFORMATION

Type of work taking place _____ (the reason for the excavation, not the method)

Who is the work being done for? _____ (your customer's name)

Permit Number _____ (if Yes – Enter Permit #) - (if No – Leave Blank)

Is the work site area marked in White? _____ Yes or no - (Hawaii Law requires the area be marked white)

Will explosives be used? _____ Yes or No

On what Island is the work taking place? _____ What County? (county the worksite is in)

What City/Place or nearest City/Place? _____ (city the worksite is in)

Address _____ (address of the worksite) Street _____ (name of street worksite is on)

Nearest Intersecting Street _____ (Not the biggest, The nearest)

Location of Work _____ (Approximately how far is the address from the intersection and in what direction? -

Which side of the road is the address on? - Where specifically at this address is the digging taking place?)

_____ (If no address, how far & in which direction from intersection is the work site & scope of work site)

Additional Remarks: (any other pertinent information) _____

Do You have the Township, Range, Section & Quarter Section? _____ (legal description of worksite)

INFORMATION PROVIDED BY CENTER

Utilities Notified _____ (list of utility companies that will be notified of your excavation)

Date area should be marked by _____ (5 full working days) TICKET # (refer to if any ?'s)

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