



Location Request Information Sheet

Fill out this helpful information sheet before you call Dig Safely New York.

Company ID#: _____ Today's Date: _____

Company Name: _____

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Field Contact Name: _____ Phone: _____

Name or Company for whom you are doing the work? _____

*NYS LAW REQUIRES AT LEAST 2 FULL WORKING DAYS ADVANCE NOTICE, NOT INCLUDING THE DAY YOU CALL.

Start Date: _____ Start Time: _____

Duration of job: _____ Days / Hours / Months / Weeks / Years / Unknown

Excavation Site State: New York County _____

City / Town / Village _____

Street Address: _____

The TWO nearest cross streets the address is located between:

Near Street 1: _____ Near Street 2: _____

Where on the property are you excavating? _____

Depth of Excavation: _____ Inches / Feet

Length: _____ Feet / Miles / Meters

Width: _____ Inches / Feet

Type of Work: _____

Means of Excavation: _____

Will there be Blasting? Yes No

Will there be Boring or Directional Drilling? Yes No

Is the Dig Site within 25ft from the Edge of the road or in the road? Yes No

Is the Excavation marked in WHITE? Yes No

TICKET NUMBER

_____ - _____ - _____

List of Members Notified

NOTES

To print more forms, please visit our website: www.digsafelynewyork.com/dsny/pdf/Format_pad.pdf



Place your tickets online 24 Hours a Day!
Send an email with your Company ID Number to:
register@digsafelynewyork.com