Hawaii One Call Center Fax Locate Form

GENERAL INFORMATION _____ Caller I.D. number:_____ Fax Number:_____ Your Name: _____ Alternate Contact:_____ Company Name: _____ Alternate Phone: _____ Company Phone #:_____ Number of locates sent::_____ Company Mailing Address:____ Number of pages sent:_____ _____ Please print clearly or type all information. All information must be complete and legible. ______ LOCATE REQUEST ______ What type of work is being done?____ Who is the work being done for? What is your permit number?_____ Area marked in white? YES NO Will explosives be used? YES NO On what Island is the work taking place?_____ In what county? What City/Place? What is the address or road you are working on?_____ Nearest Intersecting road: Distance and direction from intersecting road: Location of work (where digging will take place): MARK Comments: