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________________________________ T_____KET #____________

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)

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