

NOTE: "*" denotes required field. *PHONE: _____ - _____ - _____ EXT: _____ *CALLER NAME: _____

*EXCAVATOR PHONE: _____ - _____ - _____ EXT: _____ *EXCAVATOR CO NAME: _____

ADDRESS: _____ *STREET: _____ (P.O. Box Information) *CITY: _____ *ST: _____ *ZIP: _____

*EXCAVATOR: FAX _____ - _____ - _____ CELL _____ - _____ - _____ EMAIL _____

LOCATION INFORMATION: *TYPE OF WORK: _____

*EITHER CIRCLE 'ROUTINE' **OR** ENTER—START DATE ____/____/____ TIME ____ AM or PM
(Please note, Start Date MUST be more than (3) full business days AND less than (10) business days)

*COUNTY: _____ *MUNICIPALITY: _____ COMMUNITY: _____

COORD TYPE: _____ LAT/NORTH: _____ LON/EAST: _____ ZONE: _____

FROM ADDRESS: _____ TO ADDRESS: _____ *STREET: _____

*NEAREST INTERSECTING STREET: _____ OTHER INTERSECTING STREET: _____

LOT: _____ BLOCK: _____ POSTED: YES, NO or UNKNOWN—*If you enter LOT or BLOCK info, you are required to answer.

*AREA MARKED IN WHITE: NO or YES = # AREAS MARKED _____ Are the white marks labeled? NO or YES = how they are labeled: _____

*WORK BETWEEN CURBS: YES or NO *EXCLUSIVELY CURB TO CURB: YES or NO

FOR NUMBERED ADDRESSES: Address White Marks Located at, ☐ Front ☐ Rear ☐ Left of Prop ☐ Right of Prop ☐ Street in Front of Prop

☐ Curb to Entire Property ☐ Curb to Curb
☐ C/L of Street to _____ Ft BEHIND Curb ☐ Curb to Behind Curb: Curb to _____ Ft BEHIND Curb
☐ Curb to Behind Op: Curb to _____ Ft BEHIND Opposite Curb ☐ Begin: _____ Ft BEHIND Curb and EXTEND _____ Ft
☐ Perimeter: _____ Ft Perimeter of ☐ House, ☐ Building, ☐ Structure, ☐ Other _____
☐ Radius: _____ Ft Radius of ☐ Pole _____, ☐ Ped _____, ☐ Other _____ located _____ Ft BEHIND Curb
☐ Consecutive Addresses: Low _____ to High _____, Consecutive: ☐ All, ☐ Even, ☐ Odd, ☐ Side by Side, ☐ One Building

FOR '0' ADDRESSES—NOT ONLY AT INTERSECTION

☐ M/O N S E W of intersection at: ☐ Dead End, ☐ Cul De Sac, ☐ Other _____
☐ M/O Entire Length of _____ From C/L of _____ To C/L of _____
☐ Including, ☐ All, ☐ Both Intersections AND _____ Ft in all directions of C/L of intersection (s)

MILE MARKER - locates can only be used on NJ Turnpike, Atlantic City Expressway and Garden State Parkway

☐ M/O At Mile Marker _____ EXTENDING _____ Ft N S E W AND _____ Ft N S E W
☐ M/O From Mile Marker _____ To Mile Marker: _____

FOR '0' ADDRESSES—BOTH AT INTERSECTION AND AWAY FROM INTERSECTION

☐ M/O Begins at C/L of Intersection and EXTENDS _____ Ft N S E W, ALL, BOTH, AND N S E W for _____ Ft
☐ M/O Located _____ Ft N S E W from C/L of Intersection
☐ M/O Begins _____ Ft N S E W from C/L of Intersection AND EXTENDS _____ Ft N S E W

FOR '0' ADDRESSES—INTERSECTION ONLY

☐ M/O Located at Intersection
☐ M/O Corners N S E W NE NW SE SW or ALL Corners of Intersection

FOR '0' ADDRESSES—AREA TO BE MARKED — required for '0' addresses.

☐ Curb to _____ Ft BEHIND N S E W or ALL or BOTH Curb
☐ Curb to Curb
☐ Perimeter: _____ Ft Perimeter of ☐ House, ☐ Building, ☐ Structure, ☐ Other _____
☐ Radius: _____ Ft Radius of ☐ Pole _____, ☐ Ped _____, ☐ Other _____ located _____ Ft BEHIND Curb

REMARKS: _____

EXCAVATION INFORMATION: *DEPTH: _____ IN or FT ANY WORK WITHIN 50 FT OF RAIL ROAD: ☐ YES ☐ NO

*WORKING FOR: PHONE: _____ - _____ - _____ EX: _____ COMPANY: _____ CONTACT: _____
FIRST NAME LASTNAME

*ADDRESS: _____ STREET: _____ (P. O. Box Information) *CITY: _____ *ST: _____ *ZIP: _____