

Cordova Utility Coordinating Council

LOCATE REQUEST FORM

Date: _____ Time: _____

Name of Excavator: _____
(and / or Caller)

Address: _____

Contact Phone #: _____

Date of Dig: _____ Start Time: _____

Specific Location of Dig: _____

REMEMBER: MINIMUM OF 8 BUSINESS HOURS LEAD TIME ON ALL REQUESTS

**REQUEST & MAP MUST BE HAND DELIVERED TO POLICE DEPARTMENT
OR FAXED TO 424-6120**

Excavator is responsible for abiding by each utilities locate policy or tariff.
Excavator agrees to bear the actual cost of expedited locates or locate requests
which fall outside of normal business hours.

Locate request does not authorize any work within public or private Right of Ways
or easement, nor upon service utilities. Additional permits are required.

Excavator:

	Phone #	Fax #	
CEC	5555	5527	
CTC	2345	2474	2344
GCI	7317	5183	
CITY	6200	6261	6336
SEWER	6338	6285	