



SOMERSET WATER AND SEWER DEPARTMENTS

3249 COUNTY STREET
SOMERSET, MASSACHUSETTS 02726
WATER (508) 679-2731 ~ SEWER (508) 646-2838

UTILITY LOCATE REQUEST FORM

72-HOUR LEAD TIME FOR ALL REQUESTS
DIG SAFE # (REQUIRED) _____

Date of Request: _____
Date of Work (must be at least 3 working days after request unless emergency): _____
Nature of Work: _____

How deep will you be digging: _____ Ft
Is Work Area Pre-marked with white paint and noting company? YES NO

LOCATION OF WORK

Address: _____

Map showing work area attached? YES NO

COMPANY INFORMATION

Name: _____ **N/A; HOMEOWNER PERFORMING WORK**
Address: _____
City, State, Zip: _____
Project Manager: _____
Phone: _____
Email: _____

REQUEST SUBMITTAL

Requests must be submitted to **BOTH** Water and Sewer Departments

Water Department - Fax: 508-677-9691 or
Email: jferreira@townofsomerset.org and emiranda@townofsomerset.org and aneves@townofsomerset.org
Subject Line: Utility Locate Request

AND

Sewer Department - Fax: 508-567-6565 or
Email: jferreira@townofsomerset.org and jhoward@townofsomerset.org and spires@townofsomerset.org
Subject Line: Utility Locate Request

OFFICE USE ONLY

Completed by: _____ Date: _____