

UTILITY LOCATE REQUEST FORM  
Somerset Water and Sewer Department  
Somerset, MA

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

**COMPANY INFORMATION**

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Company Doing Work: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**LOCATION OF WORK**

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Street you are working on: \_\_\_\_\_  
How close to street center line: \_\_\_\_\_ Ft  
Nearest cross street: \_\_\_\_\_  
How close to cross street: \_\_\_\_\_ Ft    North    South    East    West    of work  
area.  
Map showing work area attached?    YES    NO

**REQUEST SUBMITTAL**

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

\_\_\_ Water Department Fax: 508-677-9691 or  
Email both: [mjagresti13@hotmail.com](mailto:mjagresti13@hotmail.com) and [cwickmansomersetwater@gmail.com](mailto:cwickmansomersetwater@gmail.com)  
Subject Line: Utility Locate Request

AND

\_\_\_ Sewer Department Fax: 508-567-6565 or  
Email both: [wpcf116@yahoo.com](mailto:wpcf116@yahoo.com) and [rbozikowski@gmail.com](mailto:rbozikowski@gmail.com)  
Subject Line: Utility Locate Request

**OFFICE USE ONLY**

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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Notes: