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
Company Doing Work: ________________________________
Address: ____________________________________________
City, State, Zip: _________________________________________
Project Manager: ______________________________________
Phone: _____________________________________________
Email: _____________________________________________

LOCATION OF WORK
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
Requests must be submitted to BOTH Water and Sewer

___ Water Department Fax: 508-677-9691 or
   Email both: mjagresti13@hotmail.com and cwickmansomersetwater@gmail.com
   Subject Line: Utility Locate Request

AND

___Sewer Department Fax: 508-567-6565 or
   Email both: christophernearpass@gmail.com and wpcf116@yahoo.com
   Subject Line: Utility Locate Request

OFFICE USE ONLY

Completed by: ________________________________ Date: __________________
Notes: