



[www.paonecall.org](http://www.paonecall.org)

DIAL 8-1-1 or

1-800-242-1776

### WORK LOCATION REQUEST FORM

TELEPHONE NUMBER: ( \_\_\_\_\_ ) EXT.: \_\_\_\_\_ CALLER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS\*: \_\_\_\_\_ FAX #: ( \_\_\_\_\_ )

**NOTIFICATION TYPE:**

FINAL DESIGN (Not less than 10 nor more than 90 Business Days)  PRELIMINARY DESIGN (Greater than 90 Business Days)

CONSTRUCTION (Not less than 3 nor more than 10 Business Days)  DEMOLITION (Not less than 3 nor more than 10 Business Days)

**WORKSITE INFORMATION:**

COUNTY: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_ WARD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ STREET NAME: \_\_\_\_\_

NEAREST INTERSECTION: \_\_\_\_\_

WORKING BETWEEN 2 INTERSECTIONS  YES  NO

SECOND INTERSECTION/NEAREST MAIN ROAD: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LATITUDE/LONGITUDE COORD.: \_\_\_\_\_

WORKING IN:  STREET  SIDEWALK  PUBLIC PROPERTY  PRIVATE PROPERTY ( Front  Rear  Left  Right)

OTHER (SPECIFY) \_\_\_\_\_ SITE MARKED IN WHITE:  Yes  No

LOCATION INFORMATION: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ DEPTH: \_\_\_\_\_

EXTENT OF EXCAVATION: \_\_\_\_\_ METHOD OF EXCAVATION: \_\_\_\_\_

PROJECT OWNER: \_\_\_\_\_ ONSITE CONTACT: \_\_\_\_\_

ONSITE CONTACT PHONE:( \_\_\_\_\_ ) EXT: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

ONSITE CONTACT EMAIL: \_\_\_\_\_

SCHEDULED EXCAVATION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DURATION OF JOB: \_\_\_\_\_

JOB #: \_\_\_\_\_ PENNDOT CONTRACT/PERMIT #: \_\_\_\_\_

REMARKS: \_\_\_\_\_

MEETING REQUEST NUMBER (if applicable) \_\_\_\_\_

**TO BE COMPLETED AFTER PLACING ONE CALL**

LAWFUL START DATES: \_\_\_\_\_ THROUGH \_\_\_\_\_

OTHER SERIAL NUMBERS REFERENCED: \_\_\_\_\_

FACILITY OWNER MEMBERS NOTIFIED: \_\_\_\_\_

SERIAL NUMBER ASSIGNED: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

THERE IS AN ANNUAL FEE. PLEASE DO NOT FAX OR EMAIL THIS FORM TO POCS

\*:if provided you will be emailed a copy of your Notification as delivered to the Members.