

NEW JERSEY ONE CALL

Fax-A-Locate Agreement

- 1) The phone number for transmitting locate requests by fax is 1-800-705-4559. Only Routine messages three (3) full business days notice before the start of excavation within the State of New Jersey are acceptable. Updates, Emergencies, Cancellations or changes must be called in to 1-800-272-1000 or 811.
- 2) A "business day" ends at midnight of the same day. Faxes received prior to 10:00pm on a business day can be entered into the system (processed) any time up to 10:00pm of that day. Faxes received after 10:00 pm will be processed for the next day. "Business day" means any day other than Saturday, Sunday or a nationally or State recognized holiday.
- 3) All FAX-A-LOCATE requests submitted in this manner must be printed legibly on the specified form provided. OCC will then return a processed locate request. New Jersey One Call/One Call Concepts will refuse to process any locate request(s) containing vague, illegible or insufficient information.
- 4) The sender of a locate request(s) assumes all liability for non-notification up until the point that they a: receive acknowledgement from us in the form of a return fax which includes a confirmation number assigned to the request, b: verify the complete accuracy of all information indicated on the returned locate request. It will be the original sender's responsibility to notify the call center in a timely manner so that any detected discrepancies can be immediately corrected.
- 5) All dig locate requests faxed to New Jersey One Call that do not comply with the above stated guidelines will be rejected. It is the sender's responsibility to track submitted requests. If the sender does not receive a confirmation number for the submitted request, the request has been rejected. It is advised that you call that request in by phone - 800-272-1000 or 811.
- 6) OCC reserves the right to reject or terminate any company's agreement to use the FAX-A-LOCATE service.

OCC will not be responsible for faxes not received and recorded in our office.

Company Name : _____ Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-Mail _____

Company Contact Name: _____ Cell Phone: (____) _____ - _____

Title: _____ Best Time To Call: _____

Print Name: _____ Signature _____

Signature: (New Jersey One Call use only) _____ Date: ____/____/____