

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: ____/____/____

NOTE: '**' denotes required field. *PHONE: _____ - _____ - _____ EXT: _____ *CALLER NAME: _____

*EXCAVATOR PHONE: _____ - _____ - _____ EXT: _____ *EXCAVATOR CO NAME: _____

ADDRESS: _____ *STREET: _____ *CITY: _____ *ST: _____ *ZIP: _____

(P.O. Box Information)
*EXCAVATOR: FAX _____ - _____ - _____ CELL _____ - _____ - _____ EMAIL _____

LOCATION INFORMATION: *TYPE OF WORK: _____

*EITHER CIRCLE 'ROUTINE' **OR** ENTER—START DATE ____/____/____ TIME ____ AM or PM
(Please note, Start Date MUST be more than (3) full business days AND less than (10) business days)

*COUNTY: _____ *MUNICIPALITY: _____ COMMUNITY: _____

COORD TYPE: _____ LAT/NORTH: _____ LON/EAST: _____ ZONE: _____

FROM ADDRESS: _____ TO ADDRESS: _____ *STREET: _____

*NEAREST INTERSECTING STREET: _____ OTHER INTERSECTING STREET: _____

LOT: _____ BLOCK: _____ POSTED: YES, NO or UNKNOWN—*If you enter LOT or BLOCK info, you are required to answer.

*AREA MARKED IN WHITE: NO or YES = # AREAS MARKED _____ Are the white marks labeled? NO or YES = how they are labeled: _____

*WORK BETWEEN CURBS: YES or NO *EXCLUSIVELY CURB TO CURB: YES or NO

FOR NUMBERED ADDRESSES: Address White Marks Located at, ☐ Front ☐ Rear ☐ Left of Prop ☐ Right of Prop ☐ Street in Front of Prop

☐ Curb to Entire Property ☐ Curb to Curb
☐ C/L of Street to _____ Ft BEHIND Curb ☐ Curb to Behind Curb: Curb to _____ Ft BEHIND Curb
☐ Curb to Behind Op: Curb to _____ Ft BEHIND Opposite Curb ☐ Begin: _____ Ft BEHIND Curb and EXTEND _____ Ft
☐ Perimeter: _____ Ft Perimeter of ☐ House, ☐ Building, ☐ Structure, ☐ Other _____
☐ Radius: _____ Ft Radius of ☐ Pole _____, ☐ Ped _____, ☐ Other _____ located _____ Ft BEHIND Curb
☐ Consecutive Addresses: Low _____ to High _____, Consecutive: ☐ All, ☐ Even, ☐ Odd, ☐ Side by Side, ☐ One Building

FOR '0' ADDRESSES—NOT ONLY AT INTERSECTION

☐ M/O N S E W of intersection at: ☐ Dead End, ☐ Cul De Sac, ☐ Other _____
☐ M/O Entire Length of _____ From C/L of _____ To C/L of _____
☐ Including, ☐ All, ☐ Both Intersections AND _____ Ft in all directions of C/L of intersection (s)

MILE MARKER - locates can only be used on NJ Turnpike, Atlantic City Expressway and Garden State Parkway

☐ M/O At Mile Marker _____ EXTENDING _____ Ft N S E W AND _____ Ft N S E W
☐ M/O From Mile Marker _____ To Mile Marker _____

FOR '0' ADDRESSES—BOTH AT INTERSECTION AND AWAY FROM INTERSECTION

☐ M/O Begins at C/L of Intersection and EXTENDS _____ Ft N S E W, ALL, BOTH, AND N S E W for _____ Ft
☐ M/O Located _____ Ft N S E W from C/L of Intersection
☐ M/O Begins _____ Ft N S E W from C/L of Intersection AND EXTENDS _____ Ft N S E W

FOR '0' ADDRESSES—INTERSECTION ONLY

☐ M/O Located at Intersection
☐ M/O Corners N S E W NE NW SE SW or ALL Corners of Intersection

FOR '0' ADDRESSES—AREA TO BE MARKED — required for '0' addresses.

☐ Curb to _____ Ft BEHIND N S E W or ALL or BOTH Curb
☐ Curb to Curb
☐ Perimeter: _____ Ft Perimeter of ☐ House, ☐ Building, ☐ Structure, ☐ Other _____
☐ Radius: _____ Ft Radius of ☐ Pole _____, ☐ Ped _____, ☐ Other _____ located _____ Ft BEHIND Curb

REMARKS: _____

EXCAVATION INFORMATION: *DEPTH: _____ IN or FT ANY WORK WITHIN 50 FT OF RAIL ROAD: ☐ YES ☐ NO

*WORKING FOR: PHONE: _____ - _____ - _____ EX: _____ COMPANY: _____ CONTACT: _____
 FIRST NAME LAST NAME

*ADDRESS: _____ STREET: _____ *CITY: _____ *ST: _____ *ZIP: _____
 (P. O. Box Information)