

TOWN OF OAK ISLAND REQUEST TO LOCATE FORM

Phone (910) 201-8007

Fax (910) 278-7438

email knix@ci.oak-island.nc.us

Phone (910) 201-8041

email dkelly@ci.oak-island.nc.us

REQUEST DATE REQUEST TIME RECIEVED DATE RECIEVED TIME

REQUESTING COMPANY NAME: _____

REQUESTING COMPANY REPRESENTATIVE: _____

CONTACT PHONE NUMBER: _____ FAX: _____

TYPE OF CONSTRUCTION: VALVE PITS _____ MAINS _____ VAC. ST. _____

LATERALS _____ CABLE TV _____ PHONE _____ POWER _____

OTHER: _____

STREET ADDRESS: _____

STREET ADDRESS: _____

(MAX. TWO STREETS PER REQUEST)

LOCATE AREA

WHICH SIDE OF STREET: N _____ S _____ E _____ W _____

BOTH SIDES OF STREET. _____ INTERSECTION _____

OTHER: _____

Signature of Requesting Party

Signature of Town Employee

Must have Request Date, Request Time, and Signature of Requesting Party to be accepted.

An accepted form will be returned with Received Date, Time and Town Employee Signature.

Locate time for Town starts the next business day after receipt of request.

Town will locate within two (2) working days.

LOCATES GOOD FOR FIFTEEN WORKING DAYS FROM DATE OF REQUEST

CONTACT NC ONE CALL

1-800-632-4949

Revised 5-6-09, 7-28-10