

NORTH DAKOTA ONE-CALL FAX-A-LOCATE REQUEST AGREEMENT

In order to utilize the North Dakota One-Call Fax-A-Locate Request program, excavators must complete and sign this agreement.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name and phone number of person(s) coordinating program for your company:

<u>Name</u>	<u>Phone number (if different)</u>
_____	_____
_____	_____

Once the locate request has been transmitted to you, IT IS YOUR RESPONSIBILITY TO READ AND VERIFY THE ACCURACY OF EACH LOCATE REQUEST. Contact the North Dakota One-Call office immediately if there are any changes.

I acknowledge receipt of the North Dakota One-Call Fax-A-Locate Request Policies and Procedures and agree to comply with those conditions.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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For use by North Dakota One-Call only

Approved \_\_\_\_\_ Date \_\_\_\_\_

North Dakota One-Call  
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