

Utility Locate RequestOffice of Facility Services

Date	FAMIS ID #		
		ce of Facility Services or by a contractor app	
		ction 6104 and General Instructions for Exca	
request). Projects of significant size will	require plans & specif	fications & must be approved by a Registere	d Engineer or Architect
within the Office of Facility Services.			
Requestor Information			
Company Name		Titlo	
Company Name		Hue	
Last Name		First Name	
Fmail Address		Phone Number	
		THORE NUMBER	
Location Information			
Project Name, Location, Description			
Type of Equipment Used			
·· · · · · · · · · · · · · · · · · · ·			
		Estimated End Date	
Provide sketch below (or attach multiple	e copies of plans) show	wing: depth, width & length of excavation w	ith dimensions from trees,
walks, drives & buildings. Identify all ne	ې & lines, structures پ	plants to be installed. Give building & street	names.
		no more than 120 hours, excluding weekend	<u>ls & holidays.</u>
Markings are good for ten (10) calenda	r days including weeke	ends & holidays.	
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Approval (for LSU use only)			
Utility Plumbing Signature	 Date	Utility Electrical Signature	 Date
Othicy Flumbing Signature	Date	Othicy Electrical Signature	Date
		<u></u>	
Utility Gas Signature	Date	Landscape Services Signature	Date
Utility Systems Signature	 Date	Telecom Signature	 Date
James Systems Signature	Dute	releasin signature	Dute
Conditions for Approval			