

## **Utility Locate Request**

Office of Facility Services

PERMIT # FAMIS ID # Date

All excavations are to be performed by employees of the Office of Facility Services or by a contractor approved & supervised by the Office of Facility Services in accordance with Operating Instruction 6104 and General Instructions for Excavations (provided upon request). Projects of significant size will require plans & specifications & must be approved by a Registered Engineer or Architect within the Office of Facility Services.

Requestor Information				
Company Name		Title		
Last Name	First Name	Email Address		Phone Number
Location Information				
Project Name, Location, Description				
Type of Equipment Used		Begin Date	Begin Time	Estimated End Date
Provide sketch below (or attach multiple cowalks, drives & buildings. Identify all new ligiven at least 48 hours in advance, but no realendar days including weekends & holida	ines, structures & plants to more than 120 hours, exclu	be installed. Give	e building & street na	ames. Notifications must be
Approval (for LSU use only)				
Utility Plumbing Signature	Date	Utility Electrical Sign	nature	Date
B.A.S. Signature	Date	Landscape Services	Signature	Date
Telecom Signature	Date	LSU Cable TV Signat	ure	Date

**Utility Gas Signature** 

Date

Conditions for Approval

**Utility Systems Signature** 

Date