



P.O. Box 929, 500 Cooperative Way, Brighton, CO 80601
 (303) 659-0551 • 1-800-468-8809 • Fax (303) 637-1338
<http://www.unitedpower.com>

CUSTOMER NAME _____ CONTACT # _____

WORK ORDER # _____

ADDRESS _____

PRIVATE FACILITIES:	YES	NO	MARKED	SKETCHED
TRAFFIC SIGNAL WIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEWER/SEPTIC/LEACH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRRIGATION/BURIED PIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROPANE/GAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER/CONTROL WIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE COMMUNICATION LINES (Phone/Alarm, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBER OPTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE ELECTRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER Description _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNITED POWER WILL **NOT** BE RESPONSIBLE FOR ANY DAMAGE TO PRIVATE FACILITIES WHICH ARE NOT CLEARLY MARKED WITH A SKETCH PROVIDED PRIOR TO THE START OF CONSTRUCTION.

I ACKNOWLEDGE RECEIPT OF THIS DOCUMENT AND NOTIFICATION:

CUSTOMER SIGNATURE _____ DATE _____

UNITED POWER REPRESENTATIVE _____

YOU WILL BE NOTIFIED OF THE SCHEDULED LOCATE DATE AT THE CONTACT NUMBER YOU HAVE PROVIDED. IF THERE IS NO ANSWER AT THE NUMBER PROVIDED, A MESSAGE WILL BE LEFT. YOU ARE RESPONSIBLE TO MARK AND PROVIDE A SKETCH TO UNITED POWER BY THE LOCATE DATE. CONSTRUCTION WILL NOT BEGIN UNTIL ALL PRIVATE FACILITIES ARE MARKED AND A SKETCH IS PROVIDED.

CUSTOMER NOTIFIED ___ DATE _____ MESSAGE OR CONTACT _____ LOCATE DATE _____