



FACILITY LOCATE AGREEMENT FORM

Agreed Upon Start Date: _____ (MM/DD/YYYY) **Time:** _____ (00:00 AM/PM)
 (Must be within the below specified Locate Ticket initial date & expiration date of 21 days)

LOCATE TICKET INFORMATION (Locate Ticket must be attached)

Locate Request Number: _____
Initial Date & Time: _____ (Date ticket obtained)
Expiration Date & Time: _____ (21 days from Initial date)

EXCAVATOR INFORMATION

To be filled out by the Excavator. Provide address and contact information for the purpose of service of process.

Company Name: _____
 (Company Name as registered with the Secretary of State and Identification Number, if applicable.)

Company Phone: () _____ **Ext.** _____ **Fax:** () _____

Company Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Company Email: _____

Sub-contractor? Yes No **Name of Primary Contractor:** _____

Is the company listed above registered to work in the State of Kentucky? Yes No

Company Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ **Ext.** _____ **Fax:** () _____

Representative Email Address: _____

By signing this agreement the Excavator agrees not to excavate before the start date listed on this form.

Representative Signature: _____ **Date:** _____

Work Site Contact Name (Print): _____

Work Site Contact:

Mobile: () _____ **Office:** () _____

Work Site Contact Email: _____

Excavator: _____ **Ticket Number:** _____ **Start Date:** _____



Commonwealth of Kentucky
Public Service Commission
 211 Sower Blvd.
 P.O. Box 615
 Frankfort, Kentucky 40602-0615

NATURAL GAS, OIL, HAZARDOUS LIQUIDS

UTILITY/OPERATOR INFORMATION

(Utility Marked in yellow)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

By signing this agreement the Operator agrees to place location marks on or before the agreed upon start date for the noted location ticket.

Representative Signature: _____ Date: _____

Excavator: _____ Ticket Number: _____ Start Date: _____



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ELECTRIC
UTILITY/OPERATOR INFORMATION

(Marked in red)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

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Representative Signature: _____ Date: _____

Excavator: _____ Ticket Number: _____ Start Date: _____



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TELEPHONE
UTILITY/OPERATOR INFORMATION

(Marked in Orange)
 (To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

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Representative Signature: _____ Date: _____



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INTERNET
INFORMATION UTILITY/OPERATOR

(Marked in Orange)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

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Representative Signature: _____ Date: _____

Excavator: _____ Ticket Number: _____ Start Date: _____

KRS 367.4917(7)

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CABLE/TV
INFORMATION UTILITY/OPERATOR

(Marked in Orange)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ **Ext.** _____ **Fax:** () _____

Utility/Operator Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ **Ext.** _____ **Fax:** () _____

Representative Email Address: _____

By signing this agreement the Operator agrees to place location marks on or before the agreed upon start date for the noted location ticket.

Representative Signature: _____ **Date:** _____

Excavator: _____ Ticket Number: _____ Start Date: _____

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CABLE/OTHER
INFORMATION UTILITY/OPERATOR

(Marked in Orange)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ **Ext.** _____ **Fax:** () _____

Utility/Operator Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ **Ext.** _____ **Fax:** () _____

Representative Email Address: _____

By signing this agreement the Operator agrees to place location marks on or before the agreed upon start date for the noted location ticket.

Representative Signature: _____ **Date:** _____

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WATER
INFORMATION UTILITY/OPERATOR

(Marked in Blue)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

By signing this agreement the Operator agrees to place location marks on or before the agreed upon start date for the noted location ticket.

Representative Signature: _____ Date: _____

Excavator: _____ Ticket Number: _____ Start Date: _____

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SEWER
INFORMATION UTILITY/OPERATOR

(Marked in Green)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

By signing this agreement the Operator agrees to place location marks on or before the agreed upon start date for the noted location ticket.

Representative Signature: _____ Date: _____

Excavator: _____ Ticket Number: _____ Start Date: _____



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RECLAIMED WATER, SLURRY, IRRIGATION
INFORMATION UTILITY/OPERATOR

(Marked in Purple)

(To be filled out by the Operator)

Utility/Operator Name: _____

Utility/Operator Phone: () _____ Ext. _____ Fax: () _____

Utility/Operator Mailing Address:

City: _____ State: _____ Zip: _____

Utility/Operator Email Address: _____

Utility/Operator Representative Information:

Representative Name (Print): _____

Representative Phone: () _____ Ext. _____ Fax: () _____

Representative Email Address: _____

By signing this agreement the Operator agrees to place location marks on or before the agreed upon start date for the noted location ticket.

Representative Signature: _____ Date: _____

Attach additional pages if needed with the above requested information.

Excavator: _____ Ticket Number: _____ Start Date: _____

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