



DEDICATED LOCATOR BILLING ACCOUNT SUBMISSION

COMPANY NAME:

ADDRESS:

CITY / PROVINCE:

POSTAL CODE:

PROJECT NAME/ID:

PROJECT AREA/REGION:

PRIMARY CONTACT INFORMATION

NAME:

TITLE/POSITION:

TELEPHONE:

E-MAIL:

ADDITIONAL NOTE:

PRIMARY BILLING CONTACT INFORMATION

NAME:

TELEPHONE:

E-MAIL:

PO #:

METHOD OF PAYMENT:

BY SUBMITTING THIS FORM, YOU HAVE ACKNOWLEDGED AND AGREED TO THE ASSOCIATED SERVICE FEE OF \$6,500 + HST PER CALENDAR YEAR, PER REGION AND THE DEDICATED LOCATOR REQUEST POLICY.

PRINT NAME:

SIGNATURE:

DATE:

FOR INTERNAL USE ONLY

INVOICE #:

CONTRACTOR ID#:

PROJECT ID:



Version 1.0

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