



# Dedicated Locator Regional Request Notice

(In-lieu of the 90 Day Notice)

Email completed 90 Day Notice Application to [DL@OntarioOneCall.ca](mailto:DL@OntarioOneCall.ca) with a map attached outlining the Project area(s).

**BY SUBMITTING THIS FORM, YOU HAVE ACKNOWLEDGED AND AGREE TO THE DEDICATED LOCATOR REQUEST POLICY WHICH IS AVAILABLE UPON REQUEST.**

Check box to confirm Dedicated Locator Billing Account Form has been submitted to Ontario One Call

## Project Information provided by Project Owner / Proponent

Project Owner: _____	Primary Name: _____
Address: _____	Primary Phone: _____
Project Name: _____	Primary Email: _____
Project #: _____	Secondary Contact: _____
Project Type: _____	Secondary Phone: _____
	Secondary Email: _____

**Dedicated Locator Service Provider (DLSP) has been selected for this project?      YES      NO**

*During the initial phase of the new legal concept for Dedicated Locator Model, the Dedicated Locator Working Committee (DLWC) has selected the Locate Alliance Consortium (LAC) Locate Service Providers (LSPs) to be the approved DLSP.*

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Please select DLSP for the Project Scope:

## Authorized Project Sub-Contractor(s)

Company Name: _____	Address: _____
Contact Name: _____	New DL Contractor ID: _____
Contact Email: _____	<b>**To be provided by OOC</b>
Contact Phone #: _____	List Web Portal username (email) requiring access to new DL ID: _____
Company Name: _____	Address: _____
Contact Name: _____	New DL Contractor ID: _____
Contact Email: _____	<b>**To be provided by OOC</b>
Contact Phone #: _____	List Web Portal username (email) requiring access to new DL ID: _____
Company Name: _____	Address: _____
Contact Name: _____	New DL Contractor ID: _____
Contact Email: _____	<b>**To be provided by OOC</b>
Contact Phone #: _____	List Web Portal username (email) requiring access to new DL ID: _____
Company Name: _____	Address: _____
Contact Name: _____	New DL Contractor ID: _____
Contact Email: _____	<b>**To be provided by OOC</b>
Contact Phone #: _____	List Web Portal username (email) requiring access to new DL ID: _____

You may provide additional Sub-Contractor information on page 3.

## Project Location

Region: \_\_\_\_\_

**Please email an additional map/site plan showing the project area to [DL@OntarioOneCall.ca](mailto:DL@OntarioOneCall.ca)**

Municipality:

Geographical Reference:

- |           |       |
|-----------|-------|
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |
| 4. _____  | _____ |
| 5. _____  | _____ |
| 6. _____  | _____ |
| 7. _____  | _____ |
| 8. _____  | _____ |
| 9. _____  | _____ |
| 10. _____ | _____ |

You may provide additional Project Location information on page 3.

## Project Scope of work

General Scope of Work:

You may provide additional information on page 3.

Additional Information: