

Locate Request

Physical Plant Facilities Operations Center

Mail Code 6738

Phone: 618-453-FOC1 (3621) Fax: 616-453-7722

Email: foc@pso.siu.edu

FOR SIU USE ONLY Outside contractors

contact JULIE directly

equestee Name: Email:					
Department:					
Dept. Office phone: Dept. Office fax:					
Dept. Building & Room #:					
Onsite Contact Name:			Phone:		
County: (required)	Village/City (urban) Unincorporated Twp. (rural)		Name:		
Excavation Site Address or Lot Number:			This information is not required, but please have available if needed for mapping of excavation site		
Building or Area Name:			Latitude	Longitude	
Nearest Cross St./Rd.: regardless of size			Section	Quarter Section	
Additional Address or Directional Inf	ormation to Excavati	ion Site:			
Type of Work:					
Extent of Work:					
Will you be digging deeper than 7 feet? Yes No Unsure		_	Yes No Unsure		
Remarks: (notes to member utility companies about excavation site)					
Work Date and Time: must provide minimum 48 hours notice					