CITY OF ROYSE CITY
Water and Sewer Line Locate Request

Date of request: _____

Date of work to be performed: _____
City of Royse City requires a 72-hour notice for locates.

Name of Company: _____

Name of Applicant: _____
On Job Phone number: _____
Office Number: _____

Address of locates: _____

Nature of work to be performed: _____
_____
_____

Detailed request of where the line locates need to be marked:
(Include direction: N-S-E-W and how many feet to mark off)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____