Dedicated Locator
Request Notice

DL# :_____
(Provided by OOC)

Select Dedicated Locator Request Type:

◯ Project Notice ◯ Regional Notice

Email the completed DL Request Notice Application to DL@OntarioOneCall.ca with a map attached outlining the Project area(s).

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

Project Information provided by Project Owner

Project Owner:_____
Address: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____
Secondary Contact: _____
Secondary Phone: _____
Secondary Email: _____

Project Name: _____
Project #:_____
Project Type:_____
Project Start Date:_____
Project Completion Date (estimated):_____

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

Name of the preferred DLSP:

Primary Contact Name: _____
Contact Phone: _____
Contact Email: _____

Secondary Contact Name: _____
Contact Phone: _____
Contact Email: _____

Authorized Parties

Company Name: _____
Contact Name: _____
Contact Email: _____
Contact Phone #: _____

Address: _____
New DL Contractor ID:_____
***To be provided by OOC*
List Web Portal username (email) requiring access to new DL ID:
_____

Company Name: _____
Contact Name: _____
Contact Email: _____
Contact Phone #: _____

Address: _____
New DL Contractor ID:_____
***To be provided by OOC*
List Web Portal username (email) requiring access to new DL ID:
_____

You may provide additional information on page 3.

Project Location

Region: _____

Please email an additional map/site plan showing the project area to 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

Total Distance of required locates: (Total)

Approximate amount of meters per week: (m/WEEK)

Contact for additional information/project scope queries: (Contact Name, Phone Number, Email)

You may provide additional information on page 3.

Additional Information:

Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone #: _____

Address: _____

New DL Contractor ID:_____

***To be provided by OOC*

List Web Portal username (email) requiring access to new DL ID:

_____

Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone #: _____

Address: _____

New DL Contractor ID:_____

***To be provided by OOC*

List Web Portal username (email) requiring access to new DL ID:

_____