



Dedicated Locator Request Notice

DL# : _____
(Provided by OOC)



Select Dedicated Locator Request Type:

Project Notice

Regional Notice

Email 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: _____	Project Name: _____
Address: _____	Project #: _____
Contact Name: _____	Project Type: _____
Contact Phone: _____	Project Start Date: _____
Contact Email: _____	Project Completion Date (estimated): _____
Secondary Contact: _____	
Secondary Phone: _____	
Secondary Email: _____	

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

Name of the DLSP selected:

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

Authorized Parties

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

Company Name: _____	Address: _____
Contact Name: _____	New DL Contractor ID: _____
Contact Email: _____	<i>**To be provided by OOC</i>
Contact Phone #: _____	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

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:
