

# WATER DEPARTMENT - UTILITY LOCATE

CITY OF HEATH  
200 LAURENCE DR.  
HEATH , TX. 75032  
FAX: 469-273-4015

DATE ISSUED \_\_\_/\_\_\_/\_\_\_

COMPANY NAME \_\_\_\_\_

UTILITY REGISTRATION # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY , ZIP \_\_\_\_\_

FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

LEGAL DESC. SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

CROSS ROADS \_\_\_\_\_

TYPE OF UTILITY TO BE IDENTIFIED:

\_\_\_ WATER

\_\_\_ SEWER

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DESCRIPTION OF WORK APPLICANT WILL PERFORM: