



BANGOR WATER DISTRICT
ONLINE DIG SAFE REQUEST

Fax Form To: (207) 735-0090
Attention: Construction

Date: _____

Time: _____

Dig Safe Location

Street Address: _____

Dig Safe Clear Date: _____

Contractor: _____

Contact Name: _____

Phone Number: _____

Dig-safe Number: _____

Description of Work: _____

Depth: _____ Feet

Pre-marked: YES NO

Emergency: YES NO

BWD use only

Completed Date: _____ **Completed By:** _____