DIG SAFE FAX FORM (MULTIPLE LOCATIONS) FAX: 781-721-0047

CONTR I D # : **CO NAME:** **CONTACT NAME:** **TEL #:** **FAX #:**

ARE LOCATIONS PREMARKED? Y / N **LEGAL START DATE:** _____

CITY / TOWN & STATE	LOCATION of WORK and *AREA* *(St to hse?.. In st?..Sd of rd?.. Rear of hse?)*	CROSS ST OR @ INTER?	TYPE OF WORK	(for office use) DIG SAFE #