



# 48-HOUR NOTICE

## LOCATE UTILITIES REQUEST (DISTRICT UTILITIES ONLY)

CLOVIS UNIFIED SCHOOL DISTRICT ▪ CONSTRUCTION & ENGINEERING DEPARTMENT  
(559) 327-9241 Office

PLEASE COMPLETE ALL ITEMS ON THIS FORM BEFORE SUBMITTING:

Date Submitted: **Today's Date** Please email this request to: [cindyborunda@cusd.com](mailto:cindyborunda@cusd.com)

To: Work Control From: Rick Lawson  
Subject: **Work Order Request**

- SCHOOL or SITE: **Name of School where work is being done.**
- EXACT LOCATION ON SITE WHERE WORK IS BEING DONE: **Enter details of the location area.**
- CONTRACTOR'S NAME: **Your Company Name**
- PROJECT FOREMAN: **Print Your Name** FOREMAN'S PHONE #: **Cell Number**
- REQUESTED START DATE: **Date you would like to begin work.** REQUESTED START TIME: \_\_\_\_\_ **A.M.**

**\*\*\*\* DO NOT START WORK UNTIL YOU HAVE RECEIVED A PHONE CALL FROM CUSD MAINTENANCE DEPARTMENT WITH A CONFIRMED START DATE AND TIME. \*\*\*\***

- AS REQUIRED BY LAW - HAVE YOU OUTLINED YOUR WORK AREA WITH WHITE PAINT? **Yes or No**
- INSPECTOR'S NAME: **You will need to call the Inspector to verify markings.**
- MARKINGS HAVE BEEN VERIFIED BY INSPECTOR? **Yes or No** INSPECTOR'S INITIALS: **Inspector must initial.**

**\*\*\* CONTRACTOR'S MARKINGS MUST BE COMPLETE AND VERIFIED BY INSPECTOR BEFORE THE 48 HOUR NOTICE CAN BE SUBMITTED TO THE CONSTRUCTION DEPT. \*\*\***

**DISTRICT REQUIRES A MINIMUM OF 2 FULL WORKING DAYS (48 Hours) NOTICE FROM THE DATE AND TIME OF RECEIPT OF THIS PROPERLY COMPLETED REQUEST BY THE CONSTRUCTION DEPARTMENT TO COMPLETE THE LOCATION OF UTILITIES.**

• NATURE OF WORK TO BE DONE (BLASTING, BORING, DIGGING, DRILLING, GRADING, TRENCHING, TUNNELING, ETC.): **Include detailed description of what is being done.**

• DESCRIPTION AND LOCATION OF WORK: (**ATTACH DIAGRAM & MARK AREAS OF WORK**): **Include detailed description of the area where work is being done – please provide a marked site diagram of area if possible.**

**CONTRACTOR IS RESPONSIBLE FOR CALLING USA @ (800) 227-2600 PRIOR TO SUBMITTING THIS FORM.**

USA #: \_\_\_\_\_

DATE CALLED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

This form **MUST** be resubmitted & USA called again after 30 days.