

MISS UTILITY OF West Virginia, INC

FAX-A-LOCATE AGREEMENT

1. Location requests may be transmitted to Miss Utility of West Virginia, Inc., (MUWV) 24 hours/day, and 365 days/year. The phone number to be used for this purpose is 1-800-217-3720. Only Routine messages, which give the proper forty-eight (48) hours notice before the start of excavation and are, located within the State of West Virginia are acceptable.
2. MUWV reserves the right to return a location request(s) to the company or individual submitting it due to insufficient or vague information.
3. Location requests received between the hours of 8 AM and 5 PM (Eastern Time Zone) will be entered into the system within two (2) hours of receipt of the locate(s). This two- (2) hour delay must be calculated when determining the starting date and time for each job.

NOTE: If any dig location request is faxed into MUWV which does not follow the above guideline, we will enter your message but assume no responsibility for any utility company's inability to respond to your job due to lack of proper notice.

4. MUWV reserves the right to reject or terminate any company's agreement to use the FAX-A-LOCATE service.
5. Participating utilities/contractors must transmit a cover sheet with all location requests detailing the number of locates. Each company office must use (1)*standard telephone number in order to ensure that the computer accesses your correct contractor information. All FAX-A-LOCATE requests submitted in this manner must be typewritten on a specified form as supplied by MUWV. MUWV will then return a processed form with the assigned start date and time, their serial number(s), and a list of member utilities notified. Any utilities that are not members of Miss Utility of West Virginia, Inc. must be contacted directly by the originator of the location request(s).

The sender of the FAX-A-LOCATE request assumes all responsibility for non-notification until they receive an acknowledgement from MUWV in the form of a return fax, which will assign a serial number to their job(s).

(Please type the following information)

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

***STANDARD OFFICE PHONE:** (____) _____ **FAX PHONE:** (____) _____

SIGNATURE: _____ **DATE:** _____
(YOUR COMPANY)

