



BUCKSKIN SANITARY DISTRICT
P O Box 5398
Parker, AZ 85344
Phone: (928) 667-7197 * Fax: (928) 667-1697 *
www.buckskinsanitarydistrict.com

Board of Directors:

Robert Troxler Gary Hansen Gary Svider William Risen Shelly Rohde

REQUEST FOR BLUE STAKE

<u>DATE</u>	<u>TIME</u>	<u>WORK START DATE</u>	<u>CALLER ID #</u>
<u>CALLER NAME:</u>		<u>COMPANY NAME</u>	<u>JOB #</u>
<u>CITY/COUNTY</u>	<u>TYPE OF WORK</u>	<u>PERMIT #</u>	
OVERHEAD NOTIFICATION <input type="checkbox"/> YES ACCESS <input type="checkbox"/> YES LOT <input type="checkbox"/> YES EXPLOSIVES <input type="checkbox"/> YES OFFSET <input type="checkbox"/> YES WHITE <input type="checkbox"/> YES ARE YOU <input type="checkbox"/> YES NEEDED? <input type="checkbox"/> NO OPEN? <input type="checkbox"/> NO POSTED? <input type="checkbox"/> NO USED? <input type="checkbox"/> NO MARKINGS? <input type="checkbox"/> NO LINED? <input type="checkbox"/> NO BORING? <input type="checkbox"/> NO			
<u>PROJECT LOCATION OR ADDRESS:</u>			
<u>PARCEL #:</u>		<div style="border: 1px solid black; padding: 5px;"><p>WILL YOU BE PERFORMING THE WORK? Y/N IF NO, DO YOU HAVE PERMISSION AUTHORIZATION ON FILE? Y/N</p><p>IF NO, WHO WILL BE PERFORMING WORK?</p><p>CONTACT: _____</p><p>COMPANY: _____</p></div>	
<u>SUBDIVISION:</u>			
<u>LOT #</u>			
<u>INSTRUCTIONS:</u>			
<u> </u>			
<u>FOR BSD USE ONLY</u>			
<u>COMMENTS:</u> _____ _____ _____ _____ _____ _____		<u>DATE COMPLETED:</u>	
		<u>TIME:</u>	

		<u>SIGNATURE</u>	

<u>TWO WORKING DAYS NOTICE IS REQUIRED ON ALL LOCATION REQUESTS</u> <u>CALLING HOURS 8:00 AM – 5:00 PM EXCLUDING HOLIDAYS</u>			