



TOWN OF SHREWSBURY

Richard D. Carney Municipal Office Building
100 Maple Avenue
Shrewsbury, Massachusetts 01545-5338

WATER & SEWER MARKOUT REQUEST FORM

Date: _____ Date of Request: _____

Contractor's Name: _____

Contact Name: _____ Phone: _____

Contact Email Address: _____

Property Location: _____

Start Date: _____

Dig Safe No.: _____ Dig Safe No. Expiration: _____

Type of Work being Completed: _____

Type of Markout:

OTHER _____ WATER _____ SEWER _____

EMERGENCY _____ NON-EMERGENCY _____

Comments: _____

Please email completed form to watersewer@shrewsburyma.gov

FOR TOWN INTERNAL USE ONLY

Completed By: _____

Date: _____