



Mark Out Request

Please email to: stheuret@brewster-ma.gov

Or

Fax: 508-896-4517

Date: _____

Account #: _____ (To be filled in by BWD)

Address: _____

Property Owner: _____

Name of Caller: _____

Company: _____

Phone: _____

Digging to be done by: _____

Intersecting Street: _____

Date of Work: _____

Type & Location of Work: _____

Mark-Out Location: _____

Mark Out: _____ Water Main _____ Water Service

Dig Safe #: _____ Date Good: _____

Brewster Water Department Use Only

Date Marked: _____ Signed: _____

Logged in Mark-Out Book: _____

Comments: _____

****ON ALL WATER MAIN MARK-OUT'S OBTAIN MEASUREMENTS FOR ALL GATES****