

30 V.S.A. CHAPTER 86 & PUC Rule 3.800

Click here to upload the completed form.

Department of Public Service

112 State Street, Montpelier, VT 05620-2601

This report must be filed upon discovery of damage to an underground facility. All data fields should be completed or form may be judged as not acceptable. Fields in red must be completed to upload the form. All Department questions will be addressed to the person who prepared the

Underground Facility Damage Report (UFDR)

Facility Damaged :	Gas	Electric	CATV	Telecom	Water	Sewer	Propane
Name of Utility Dama	aged:						
Address 1:							
Address 2:							
City:	Phone:						
Date & Time Damage	Occurred:						
Date & Time Utility R	eceived Repo	ort:					
Location of Damage	•						
Address 1:							
Address 2:				•			
City:							
Alternate location des	scription if no	address ava	ilable:				
	ude: Latitude:						
Longitude:		Lati	tude:				
Longitude: Report Prepared By	,	Lati	tude:				
	,	Lati Last Nar			eMail:		
Report Prepared By	,				eMail:		
Report Prepared By First Name:	,				eMail:		
Report Prepared By First Name: Organization:	,				eMail:		
Report Prepared By First Name: Organization: Address 1:	,			State:	eMail:		
Report Prepared By First Name: Organization: Address 1: Address 2:	,	Last Nar		State:	eMail:		
Report Prepared By First Name: Organization: Address 1: Address 2: City:		Last Nar	me:	State:		No Yes	
Report Prepared By First Name: Organization: Address 1: Address 2: City: Telephone:	g Safe in Adva	Last Nar	me:			No Yes	
Report Prepared By First Name: Organization: Address 1: Address 2: City: Telephone: Excavator Notified Dig	g Safe in Adva	Last Nar Zip: ance? No	me: Yes			No Yes	

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What Equipment

Caused Damage? (Hold the Ctrl to select multiple items) Root Cause of Damage (Hold the Ctrl to select multiple items) Service Interrupted: Yes, Describe: No Plan to Bill Excavator No Yes Incident Description: *I CERTIFY THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE (print name if eFiling) Sign: Date: **Excavator Data** Company Name: Address 1: Address 2: City: State: Zip: First Name: Last Name: Phone: Name of Operator Causing Damage: First Name: Last Name: Supervisor on Job: First Name: Last Name: