City of Houston

Excavation in the Public Way

Notice to Commence Emergency Work

Date:	
Owner:	
e-mail Address:	
Owner's contact person:	24Hr. Tel. No.:
Contractor:	
Street Address of Excavation:	
Explain the Basis for the Emergency Actions:	
State the Time and Date when the Emergency occurred:_____ (mm/dd/yyyy)	

_____	_____	_____
Print Name (Owner)	Owner Signature	Date

Please fax/email the completed form to:
City of Houston
Street Cut Permit System
Fax No. (832) 395-4424
E-Mail Address: Street.CutOps@cityofhouston.net