

**INDIANA 811 SERVICE AREA/EMERGENCY CONTACT INFORMATION**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 877-230-0496

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member/Service Area Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

**Normal Business Hours – Monday thru Friday 7am – 6pm Eastern Time**

**Ticket Concerns Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Emergency Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**After-Hours – Monday thru Thursday 6p – 7am and 6pm Friday to 7am Monday Eastern Time**

Indiana 811 will call the following contact to ensure any Emergency Tickets were received and acknowledged.

**1<sup>st</sup> Emergency Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**2<sup>nd</sup> Emergency Contact (Optional)**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Indiana 811 Office Use Only: Updated \_\_\_\_\_ By: \_\_\_\_\_