



Instructions for Completing the Indiana 811 Membership Agreement

1. Please fill out and return to Indiana 811. Once your membership has been activated and are receiving locate requests, a copy will be signed and returned for your files.
2. There may be sections of the forms that do not apply to your situation. If this is the case, you may leave those portions blank.
3. Required information:
 - Primary/Senior Leadership Contact
 - Service Area/Database Contact
 - Billing Contact
 - Contact information for receiving destination
 - Email address for receiving tickets
 - Emergency & After-Hours Contact(s)
 - Hours of Operation & Observed Holidays
 - Design Engineer Contact(s)
 - Design Ticket Contact and Destination (Optional)
 - Electronic Positive Response (Optional)
4. Once you have filled out the required forms, please mail them via:
 - Email – memberservices@usa811.org
 - Fax – (317) 893-1421
 - Mail – Indiana 811
Member Services
PO Box 219
Greenwood, IN 46142

If you have any questions, please contact Member Services at memberservices@usa811.org or 317-893-1419.

Indiana Underground Plant Protection Services, Inc.
DBA Indiana 811
Membership Agreement

This agreement, made this _____ day of _____, _____, by and between Indiana 811, an Indiana Not-For-Profit Corporation with its principal offices in Greenwood, Indiana, hereinafter referred to as the “corporation”, and _____, with its principal office at _____, _____, hereinafter referred to as “Member” in the grade of:

Voting (Owns Underground Plant)

Associate (Does not own Underground Plant) \$100.00 Minimum Annual Fee

WHEREAS, Member may have underground facilities needing the protection offered by Corporation, and therefore wishes to become a Member of the Corporation.

Member does hereby agree to support the purposes for which Indiana 811 was formed, namely to operate a statewide, one-call system to receive notification prior to any activity which may damage underground facilities, and to relay the notification to the Corporation’s members in order to reduce dig-in damages, periods of utility service disruptions, and the risk of injury to excavators and the public.

All Members eligible to receive notification about activities which may damage underground facilities from the Call Center and other member classifications hereby agree to follow and coordinate their operations with the by-laws established by the Board of Directors of the Corporation. These by-laws may be amended by two-thirds (2/3) vote of the Board of Directors of the Corporation.

All Members shall be obligated to pay fees. The fees shall be based upon a fee schedule adopted by the Board of Directors of the Corporation, and may be changed from time to time, as necessary, in accordance with the Corporation's By-Laws.

It shall be the obligation of each Member to submit in writing to the Corporation or its designated assignee, all necessary data as to the geographical area for which they wish to be notified of underground locate requests.

The agreement shall be considered to be in full force and effect from the date first above written into perpetuity and shall be considered binding upon the successors and assigns of the Member herein stated.

Company: _____

Approved By: _____

Title: _____ **Date:** _____

811: _____ **Date:** _____

Daniel J. Lucarelli, Executive Director

INDIANA 811 MEMBERSHIP CONTACTS

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

Member Name: _____

Member/Service Area ID(s): _____

Facility Types: _____

Primary Point of Contact/Senior Leadership Contact

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

Alternate Point of Contact/Senior Leadership Contact

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

Legal Contact

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

Marketing Contact

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

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____ **By:** _____

INDIANA 811 MEMBERSHIP CONTACTS (Cont.)

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

Member Name: _____

Member/Service Area ID(s): _____

Government Affairs Contact

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

Service Area/Database Contact (Mapping/GIS)

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

Alternate Service Area/Database Contact (Optional)

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

Billing Contact

Contact Name:		Title:
Email:		
Phone:	Cell:	Fax:
Address:		
City:	State:	Zip Code:
Purchase Order Number (If Applicable):		

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____ By: _____

INDIANA 811 TICKET DESTINATION

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

Member/Service Area Name: _____

Member/Service Area ID(s): _____

Receiving Destination Contact

NOTE: Contact will be called first if there is an issue transmitting tickets to the given address.

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

Main Receiving Device Address

Email Address:

Alternate Device (Should Transmission Problems Occur)

Email Address:

After-Hours Receiving Destination Contact for Emergency Tickets (Optional)

NOTE: Contact will be called first if there is an issue transmitting tickets to the given address.

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

After-Hours Receiving Device Address

Email Address:

Alternate Device (Should Transmission Problems Occur)

Email Address:

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____

By: _____

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

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.

1st Emergency Contact

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

2nd Emergency Contact (Optional)

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

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____ **By:** _____

INDIANA 811 HOURS OF OPERATION AND HOLIDAYS

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

Member/Service Area Name: _____

Member/Service Area ID(s): _____

Time Zone: _____

Normal Business Hours

Day	Start Time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Holidays

The holidays that are observed by Indiana 811 for the Two Full Working Day Notice required by Law, are based off the State of Indiana and Federal Government Holiday schedules. Please check [X] the holidays that you observe and will not be open; requiring calls to your After-Hours Contact on any priority tickets.

New Year's Day	
Martin Luther King, Jr. Day	
President's Day	
Good Friday	
Primary Election Day	
Memorial Day	
Independence Day	
Labor Day	

Columbus Day	
General Election Day	
Veterans Day	
Thanksgiving Day	
Day After Thanksgiving	
Washington's Birthday (Christmas Eve)	
Christmas Day	

The Two Full Working Day Notice will not be affected by any other holiday. Indiana 811 will **not** make manual phone calls to your After-Hours Emergency Contact(s) on the dates listed below.

If you observe holidays that are not listed above, please write the **name** and **date** of the holiday below.

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____

By: _____

INDIANA 811 DESIGN ENGINEER CONTACT

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

Member Name: _____

Member/Service Area ID(s): _____

Indiana 811 is part of the design process for large future projects around the state of Indiana. Indiana 811 offers a web-based design tool that allows engineers working on these future projects the ability to determine what member utilities have infrastructure in the area where these projects could take place. The web-based design tool utilizes our Member Service Area Database to provide the design engineers with contact information for the member utilities in the proposed project area. In the area below, please provide the contact information for the individual or department in your organization you want to have listed in the design tool application.

Design Engineer Contact

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

2nd Design Engineer Contact (Optional)

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

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____ **By:** _____

INDIANA 811 DESIGN TICKET & CONTACT

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

Member Name: _____

Member/Service Area ID(s): _____

Different from the web-based Design Tool, Indiana 811 offers a Design Ticket which is a notification requesting location information regarding buried utilities made to Indiana 811 in preparation for bidding, preconstruction engineering, or other advance-planning efforts. A Design Ticket may not be used for excavation purposes. Indiana 811 members are required to respond to these Design Tickets within ten (10) full working days of receipt. Response to the person making the notice includes, but is not limited to, providing prints, maps, drawings, on-site markings, and other facility records of existing utility facilities.

Design Tickets will be delivered to the main destination specified on the "Indiana 811 Ticket Destination" form. If you would prefer Design Tickets be delivered to a different destination, such as your Engineering Department, please complete and return this form.

Design Ticket Contact

NOTE: Contact will be called first if there is an issue with a Design Ticket or transmitting tickets to the given address.

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

Design Ticket Receiving Device Address

Email Address:

Alternate Device (Should Transmission Problems Occur)

Email Address:

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____ **By:** _____

INDIANA 811 POSITIVE RESPONSE

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

Member Name: _____

Member/Service Area ID(s): _____

Indiana 811 offers a service called Electronic Positive Response (EPR) to assist with providing a communication link between the you, the utility owner/operator, and the persons who have submitted utility location requests, advising whether the location markings for your facility are complete, the underground facility is not in conflict with the proposed excavation site and it is safe to dig or whether there are extenuating circumstances requiring additional action before it is safe to dig. The EPR system efficiently enhances the communication process and reduces the need for additional phone calls from excavators and delivery of additional utility location request tickets to our members.

Once a member receives a locate request, they will deliver a status message code to Indiana 811's EPR system via ticket management upload or manual entry. Excavators will be able to go online and view the status of locate request(s) they have submitted to Indiana 811.

There are two different options for providing positive response information back to Indiana 811:

1. A member can manually enter positive response codes into our system or
2. Upload responses directly into our system.

Select which type of EPR you would like to use:

- Upload process
- Manual Entry (If selected, please fill out the section below.)

Manual EPR Contact

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

Signature: _____

Date: _____

Indiana 811 Office Use Only: Updated _____ **By:** _____