

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@indiana811.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:** _____