

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: _____