

Instructions for Filling Out The Indiana 811 Membership Agreement

1. There are two (2) copies of the membership agreement. Please fill out both copies and return them to Indiana 811. Once you are on-line 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 Contact
 - Billing Contact
 - Hours of Operation
 - Holidays (when you are closed)
 - Type of Receiving Equipment (e.g. fax machine, email, or computer)
 - Phone number or email address for receiving equipment.
 - Contact information for receiving destination.
4. Once you have filled out the required forms, please mail them to:

Indiana 811
Member Services
PO Box 219
Greenwood, IN 46143

If you have any questions, please contact Marsha Cuvelier, Member Services Coordinator at 317-893-1430.

INDIANA UNDERGROUND PLANT PROTECTION SERVICE, 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 Article IV of the Laws of 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 _____

INDIANA 811 _____

TITLE _____ DATE _____

Mail completed form to: Indiana 811, PO Box 219, Greenwood, IN 46143

INDIANA 811

NEW AND EXISTING MEMBERS
NOTIFICATION TO ADD AND/OR UPDATE MEMBER INFORMATION

Please complete the entire form, make a copy for your records and either fax or e-mail the changes to:

Fax: 877-230-0496
E-Mail: mcuvelier@indiana811.org

Note: Changes to membership information must be submitted in writing. We will not accept change requests over the phone. Changes will be made by the end of the next regular business day.

Member Name: _____

Member ID(s): _____

Primary Point of Contact (Administrative Contact)

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

Service Area/Database Contact (Mapping / GIS Contact)

Note: If you have a detailed map available that defines where your lines are located, please include a copy for our records. This map can be utilized to assist us with mapping your Service Area.

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

Billing Contact

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

Signature: _____

Date: _____

INDIANA 811 HOURS OF OPERATION AND HOLIDAYS

Normal Business Hours (please specify time zone)

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

***Hours When You Are Closed (If Applicable)**

Indiana 811 normal operating hours are from 7:00 AM through 6:00 PM EASTERN TIME Monday through Friday. However, you may have emergency tickets directed to an After Hours Destination based on your operating hours.

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

Holidays

These are holidays that are currently observed by Indiana 811 in our Irth System for the Two Business Day Notice required by Law. Please check [X] the Holidays that you observe and would not be open. If you are closed on these days you will need to have an After Hours Destination to receive Emergency locate requests.

New Years Day	
Christmas Day	
Independence Day	
Labor Day	
Memorial Day	
Thanksgiving Day	
Day after Thanksgiving	

*These are State or Federal Holidays that Indiana 811 does not make emergency phone callouts on. If you are closed on these days, you will need to have an After Hours Destination to receive Emergency locate requests.

*Columbus Day	
*General Election Day	
*Good Friday	
*Lincolns Birthday	
*Martin Luther King Day	
*Presidents Day	
*Veterans Day	
*Washington's Birthday	

If you observe holidays that are not listed above, please write them below.

Member Name: _____

Member ID: _____

Signature: _____

Date: _____

INDIANA 811 TICKET DELIVERY

Main Receiving Destination (location of where you receive tickets during normal business hours)

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

Type of Equipment (Check [X] One)	Email:	Printer:	Computer:
Setup Information:			
Phone Number:			
Email Address:			

Alternate Receiving Destination (if we are not able to transmit tickets to your main destination during normal business hours)

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

Type of Equipment (Check [X] One)	Email:	Printer:	Computer:
Setup Information:			
Phone Number:			
Email Address:			

After Hours Receiving Destination for Emergency Tickets (location of where Indiana 811 will send emergencies whenever your main destination is closed)

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

Type of Equipment (Check [X] One)	Email:	Printer:	Computer:
Setup Information:			
Phone Number:			
Email Address:			

Member Name: _____

Member ID: _____

Signature: _____

Date: _____

INDIANA 811 EMERGENCY TICKET CONTACT INFORMATION

Emergency Contact Information

Normal Business Hours - Monday thru Friday 7:00 am – 6:00 pm Eastern Time

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

Emergency Contact Information

After Hours

Note: Indiana 811 will call to ensure ticket was received at your AFTER HOURS DESTINATION between 6pm and 7am ET Monday - Thursday and from 6pm Friday to 7am Monday ET

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

Member Name: _____

Member ID: _____

Signature: _____

Date: _____