

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: _____