

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: _____