

INDIANA811 SERVICE AREA/EMERGENCY CONTACT INFORMATION

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/Service Area Name: _____

Member/Service Area ID(s): _____

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

Ticket Concerns Contact

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

Emergency Contact

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

After-Hours – Monday thru Thursday 6p – 7am and 6pm Friday to 7am Monday Eastern Time

Indiana811 will call the following contact to ensure any Emergency Tickets were received and acknowledged.

1st Emergency Contact

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

2nd Emergency Contact (Optional)

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

Signature: _____

Date: _____

Indiana811 Office Use Only: Updated _____ By: _____