

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)
 - Email address for receiving tickets.
 - 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 Indiana Member Services at memberservices@indiana811.org or 317-893-1400.

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

INDIANA811 MEMBERSHIP CONTACTS

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 Name: _____

Member/Service Area ID(s): _____

Facility Types: _____

Primary Point of Contact (Administrative Contact)

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

Alternate Point of Contact (Administrative Contact)

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

Service Area/Database Contact (Mapping/GIS Contact)

NOTE: If you have a detailed map available that defines where your underground facilities are located, please include a copy for our records.

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

Billing Contact

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

Signature: _____

Date: _____

Indiana811 Office Use Only: Updated _____ **By:** _____

INDIANA811 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@indiana811.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: _____

Indiana811 Office Use Only: Updated _____

By: _____

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:** _____

INDIANA811 HOURS OF OPERATION AND HOLIDAYS

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): _____

Time Zone: _____

Normal Business Hours

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

Hours When You are Closed (If Applicable)

Indiana811 normal operating hours are Monday thru Friday 7am – 6pm Eastern Time. However, you may have emergency ticket directed to an After-Hours Destination based on your operating hours.

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

Holidays

The holidays that are observed by Indiana811 in our Irth System for the Two Business Day Notice required by Law are based off the State of Indiana Holiday schedules. Please check [X] the holiday s that you observe and will not be open, and require calls to your After-Hours Contact on any Emergency Tickets.

New Years Day	
Martin Luther King, Jr. Day	
President’s Day	
Good Friday	
Primary Election Day	
Memorial Day	
Independence Day	
Labor Day	

Columbus Day	
General Election Day	
Veterans Day	
Thanksgiving Day	
Day After Thanksgiving	
Christmas Eve	
Christmas Day	
New Year’s Eve	

Signature: _____

Date: _____

Indiana811 Office Use Only: Updated _____

By: _____

INDIANA811 DESIGN ENGINEER CONTACT

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 Name: _____

Member/Service Area ID(s): _____

Indiana811 is part of the design process for large future projects around the state of Indiana. Indiana 811 offers a web based design tool that allows engineers working on these future projects the ability to determine what member utilities have infrastructure in the area where these projects could take place. The web based design tool utilizes our Member Service Area Database to provide the design engineers with contact information for the member utilities in the proposed project area. In the area below, please provide the contact information for the individual or department in your organization you want to have listed in the design tool application.

Design Engineer Contact

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

2nd Design Engineer Contact (Optional)

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

Signature: _____

Date: _____

Indiana811 Office Use Only: Updated _____ By: _____