

INDIANA 811 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 email the changes to: memberservices@usa811.org

Member Name: _____

Member/Service Area ID(s): _____

Facility Types: _____

Primary Point of Contact/Senior Leadership Contact

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

Service Area/Database Contact (Mapping/GIS)

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

Billing Contact

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

Signature: _____

Date: _____