

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

Member/Service Area Name: _____

Member/Service Area ID(s): _____

Receiving Destination Contact

NOTE: Contact will be called if there are ticket concerns or are issues transmitting tickets to the given address.

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

Main Receiving Device Address

Email/Web Address: _____

Alternate Device (Should Transmission Problems Occur)

Email/Web Address: _____

After-Hours Receiving Device Address for Emergency/Damage Tickets Based on Hours of Operation (Optional)

Email/Web Address: _____

After-Hours Manual Call-Outs – Monday thru Thursday 6p – 7am and 6pm Friday to 7am Monday Eastern Time
Indiana 811 will call the following contact to ensure any Emergency Tickets were received and acknowledged if the ticket is sent and the work start date and time are during the times listed above.

1st Emergency Contact

Contact Name:
Email:
Phone/Cell:

2nd Emergency Contact (Optional)

Contact Name:
Email:
Phone/Cell:

Signature: _____

Date: _____