

INDIANA 811 POSITIVE RESPONSE

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): _____

Positive Response (PR) is a free feature that provides a communication link between the utility owner/operator and the person/excavator who has submitted the locate request. The Positive Response system, provided by Indiana 811, is used to advise the status of the locate request. This system efficiently enhances the overall process and reduces the need for additional notices. Once a member receives a locate request, they can provide a status code and an optional comment via manual entry or import from their ticket management system. Excavators who have access and the staff at 811 can view the status of locate request(s).

Indiana 811 offers two options for providing positive response information through our ticket software. Please select a method below:

- Import from the member's ticket management system; click [here](#) for more information.
- Manual Entry, if selected, please fill out the section below. There is no limitation on the number of contacts. If more than three, please fill out the form multiple times. **Each contact must have their own email address for their Exactix account; accounts cannot be shared.**

Please select the Response Type you would like to use:

- Service Area - Select if there is one facility type (ex: Water) listed under your Service Area or if you would like to enter one response for all facility types (ex: Water, Sewer, Electric, etc.).
- Utility Type - Select if multiple facility types are listed under your Service Area and you would like to enter a separate response for each type.

Manual PR Contact(s)

Contact Name:					
Email:					
Primary #:	Phone: <input type="checkbox"/>	Cell: <input type="checkbox"/>	Alternate #:	Phone: <input type="checkbox"/>	Cell: <input type="checkbox"/>
Address:					
City:	State:			Zip Code:	

Contact Name:					
Email:					
Primary #:	Phone: <input type="checkbox"/>	Cell: <input type="checkbox"/>	Alternate #:	Phone: <input type="checkbox"/>	Cell: <input type="checkbox"/>
Address:					
City:	State:			Zip Code:	

Contact Name:					
Email:					
Primary #:	Phone: <input type="checkbox"/>	Cell: <input type="checkbox"/>	Alternate #:	Phone: <input type="checkbox"/>	Cell: <input type="checkbox"/>
Address:					
City:	State:			Zip Code:	

Signature: _____

Date: _____