

# CONFIDENTIAL MEMBER INFORMATION FORM

**Privacy Notice:** The information you provide on this form will not be shared with anyone other than authorized Louisiana 811 administrative and call center personnel.

We will contact your senior management representative only to verify that they have approved changes on this form.

Others whose names you listed below will be contacted only for the purpose indicated in the heading above their names (notifications, billing, or member database/mapping.)

## INSTRUCTIONS

**THE FOLLOWING INFORMATION MUST BE PROVIDED** to Louisiana 811 as a condition of membership.

**Emergency responders rely on this information to notify you in the event of an accident near your underground or submerged utilities or facilities.**

**To protect the security of your underground or submerged utilities or facilities, your form WILL NOT be accepted as valid until we receive the signed original along with a letter signed by your Senior Management Contact person company letterhead.**

**Please read all instructions before you begin.**

1. Print this form.
2. Complete all sections of pages 1 and 2 of this form.  
If the same person is responsible for more than one function, repeat their name and address everywhere it applies.
3. Have this form signed by your Senior Management Contact person.
4. Retain a copy for your records and return the signed original, along with the letter from the Senior Management Contact to:

Member Services  
Louisiana 811  
2215 West Boardwalk Drive  
Baton Rouge, LA 70816

Phone: 225-275-3700 Ext. 429  
Fax: 225-272-1967



## MEMBER IDENTITY

Membership Code (REQUIRED) \_\_\_\_\_ Company Name \_\_\_\_\_

## CONTACT PERSON FOR NOTIFICATIONS

### IMPORTANT:

**This should be the contact information for the person within your company who is authorized to make changes to the way we transmit your notifications.**

**Do not use this form to change the address to which we send your notifications.**

**Please e-mail such requests separately to [notifications@laonecall.com](mailto:notifications@laonecall.com).**

Name \_\_\_\_\_ Title \_\_\_\_\_

Area Code \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_ Area Code \_\_\_\_\_ Alternate \_\_\_\_\_

Area Code \_\_\_\_\_ Cell Phone \_\_\_\_\_ Area Code \_\_\_\_\_ Fax Phone \_\_\_\_\_

Area Code \_\_\_\_\_ 24/7 Emergency Phone (Please provide only one number.) \_\_\_\_\_

**Note: State Law requires that all Louisiana 811 members provide a 24/7 emergency contact number.**

**This is the number the automated system will call for after-hours emergency notifications.**

**This call is made, as a courtesy, in addition to the regular ticket transmission.**

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

**CONFIDENTIAL MEMBER INFORMATION FORM - *continued***

To protect the security of your underground or submerged utilities or facilities,  
 your form **WILL NOT** be accepted as valid until  
 we receive the signed original along with a letter signed by  
 your Senior Management Contact person company letterhead.

**CONTACT PERSON FOR BILLING**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Area Code \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_ Area Code \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**CONTACT PERSON FOR YOUR COMPANY'S CHANGES IN OUR DATABASE**

This person is authorized to make changes in the mapping polygons that contain your underground or submerged utilities or facilities.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Area Code \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_ Area Code \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**SENIOR MANAGEMENT CONTACT**

We require prior senior management approval in writing for all changes in your member database, including changes in the persons named above for notifications and billing, as well as mapping changes.

A letter on company letterhead signed by the Senior Management Contact is acceptable in lieu of this form when it contains all of the information requested on the form.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Area Code \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_ Area Code \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_

I hereby certify that I am legally authorized to make changes to Louisiana 811 member information.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Senior Management Contact person )