

# CONFIDENTIAL MEMBER INFORMATION FORM

**Privacy Notice:** The information you provide on this form will not be shared with anyone other than authorized LA One Call 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 list 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 One Call as a condition of membership. The Louisiana State Police and other emergency responders rely on this information to notify you in the event of an incident near your underground facilities.**

**To protect the security of your underground 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 on 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 One Call System, Inc.  
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 One Call members provide a 24/7 emergency contact number.**

**This is the number the operator 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 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 on 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 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 LA One Call member information.

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