# 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.

## 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.**

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

1. 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.
2. Have this form signed by your Senior Management Contact person. If the Senior Management Contact for your company is different from what Louisiana 811 has on file, please submit a letter on company letterhead stating the change and return along with this completed form.
3. Retain a copy for your records and return the signed original to:

Member Services
Louisiana 811
8550 United Plaza Blvd, Suite 420
Baton Rouge, LA 70809

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

Louisiana811.com

## 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@louisiana811.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 number will be listed on all emergency tickets and the member listing on the Louisiana 811 website.**

Address _____

Address 2 _____

City _____ State _____ Zip _____

E-Mail _____

## CONFIDENTIAL MEMBER INFORMATION FORM - *continued*

### 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 _____

### ENGINEERING CONTACT INFORMATION

This information will be used for the Design Tickets. A "Design Ticket" refers to a request for information about the location of underground facilities, typically made by engineers or planners during the design phase of a project. A group email address such as **engineering@(membercompanyname).com** is acceptable. If you do not have engineering contact information, please leave this field blank.

Company Name _____

(IF DIFFERENT THAN MEMBER COMPANY NAME)

Contact Name _____

Area Code _____ Phone _____ Ext _____ E-Mail _____

(LIST ONLY ONE E-MAIL ADDRESS)

### SENIOR MANAGEMENT CONTACT

If the Senior Management Contact for your company is different from what Louisiana 811 has on file, please submit a letter on company letterhead stating the change and return along with this completed 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)*