

# 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  
 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 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 \_\_\_\_\_

**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)*