

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.
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.

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*

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your form WILL NOT be accepted as valid until
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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)