

Montana811
Member Utility Information Form

Company Information - general information

Company Name _____

Phone Number¹ _____ Repair Phone Number _____

Locate Phone Number² _____

Please place a check next to product your company provides via underground facilities

- | | |
|---|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Water |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Cable Television |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Streets and Roadways | <input type="checkbox"/> Transmission Pipelines |
| <input type="checkbox"/> Other _____ | |

Check all that apply:

- Distribution Transmission Both

Counties served:

Office Hours (Members Hours of Operation) – Please indicate your company’s normal hours of operation (when your office is staffed) in spaces provided below.

| | | |
|-----------|------------|--------------|
| Sunday | Open _____ | Closed _____ |
| Monday | Open _____ | Closed _____ |
| Tuesday | Open _____ | Closed _____ |
| Wednesday | Open _____ | Closed _____ |
| Thursday | Open _____ | Closed _____ |
| Friday | Open _____ | Closed _____ |
| Saturday | Open _____ | Closed _____ |

¹ Customer service number – for questions regarding customer accounts, service problems, etc.

² For questions concerning markings/locates - # that can be given to the public

³ After hours emergency phone numbers, will not be given to public

⁴ Phone number to confirm receipt of emergency locate requests during business hours, not given to public

Montana811 Member Utility Information Form

Member Recognized Holidays – Please list the holidays (name and date) that your company observes.

| <u>Holiday Name</u> | - | <u>Observed Date</u> |
|---------------------|---|----------------------|
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |
| _____ | - | _____ |

Montana811 recognizes and uses Montana Code Annotated 69-4-501.(1) - Legal Holidays for ticket processing.

- (a) Saturday;
- (b) Sunday;
- (c) New Year’s Day;
- (d) Memorial Day, the last Monday in May;
- (e) Independence Day
- (f) Labor Day, the first Monday in September;
- (g) Thanksgiving Day, the fourth Thursday in November;
- (h) Christmas Day, December 25;

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After Hours Emergency Phone Numbers - for emergency requests before and after office hours

After hours Contact³ _____ Phone _____

Alternate Contact _____ Phone _____

Billing information - this is where monthly invoices will be sent - There is a \$5 monthly fee for paper copies.

Main Contact _____ Phone _____

Contact Title _____ Email _____

Mailing Address _____

Alt. Contact _____ Phone _____

Contact Title _____ Email _____

If your company requires purchase orders, please list the current Purchase Order Number, Routing Number, or Pay Key Number here: _____

Ticket Receiving Station Information - information about how locates are received by your company.

Receiving Method (check one)

Fax Voice Phone No. _____ Email (please sign attached **Email Ticket Agreement and Release Form**)

Contact Name _____ Phone _____

Address _____

Email _____

Alternate Contact _____ Phone _____

Daytime Emergency Verification Phone⁴ _____

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District Mapping Information- Person responsible for submitting/maintaining maps of your “notification area,” the area in which your company wants to be notified of excavation.

Main Contact _____ Phone _____
Contact Title _____ Email _____
Mail Address _____

Alt Contact _____ Phone _____
Contact Title _____ Email _____

Locate Questions – person to contact about locates. i.e. problems, complaints, markings

Main Contact _____ Phone _____
Contact Title _____ Email _____
Mailing Address _____

Responsible for all administrative decisions – person that oversees One-Call info for the company.

Main Contact _____ Phone _____
Contact Title _____ Email _____
Mailing Address _____

Form completed by:

Print Name _____
Title _____
Signature _____
Date Signed _____

(To maintain accuracy, UULC will not alter this data without your written permission. You can use a copy of this form to update your information as needed.)

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