



HOCC Member Utility Information Form

Company Information - General contact information

Company Name _____

Phone^a # _____ Repair Phone # _____

Locate Phone^b # _____ Office Hours _____ M T W TH F Sat Sun

After Hours Emergency Phone #'s (for emergency locate requests **before** and **after** office hours)

After hours contact^c _____ Phone _____

Alternate contact _____ Phone _____

Types of facilities operated (*circle all that apply*) phone catv fiber power gas water sewer

Counties served _____

Billing Information – Where you wish to receive monthly invoices

Billing Contact _____ Phone _____

Contact Title _____ E-mail _____

Billing Address _____

Alternate Billing contact _____ Phone _____

Address _____

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

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

^c After hours emergency phone #'s **will not** be given to the public

Authorized by: _____ Date _____

(SEE OTHER SIDE)



Receiving Station Information - The means by which you wish to receive locate requests

Receiving Unit (*circle one*) Printer Fax Voice Phone _____

Baud rate _____ Parity _____

Contact Name _____ Phone _____
(for transmission problems, etc.)

Address _____

E-mail _____

Alternate Contact _____ Phone _____

Daytime Emergency Verification^d Phone _____

District Mapping Information – Person(s) responsible for submitting/maintaining map of your “notification area,” the area in which your company wants to be notified of excavation

Contact Name _____ Phone _____

Title _____ E-mail _____

Address (no PO boxes) _____

Alternate Contact _____ Phone _____

Title _____ E-mail _____

Address (no PO boxes) _____

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

Authorized by: _____ Date _____

(SEE OTHER SIDE)