

JULIE Member Office & Receiving Information



Form #3

Company Name: _____ Member Code: _____

Primary Notification Location - Receiving Telephone No. or Email Address: _____

|-----| **check one** |-----|

Locate Receiving Method: Printer FAX Voice Email

Printer/modem speed (*check one if applicable*) 2400BPS 9600BPS

Address: _____

City _____ State _____ Zip _____

Business Hours of Operation	
(Hours Receiving Device Attended)	
Mon	_____ - _____
Tues	_____ - _____
Wed	_____ - _____
Thr	_____ - _____
Fri	_____ - _____
Sat	_____ - _____
Sun	_____ - _____

Alternate Notification Voice Telephone Number:(_____) _____

After-Hours Notification Location-Receiving Telephone No. or Email Address: _____

|-----| **check one** |-----|

Locating Receiving Method: Printer FAX Voice Email

Printer/modem speed (*check one if applicable*) 2400BPS 9600BPS

Address: _____ City _____ State _____ Zip _____

Alternate After-Hour Voice Telephone Number: (_____) _____

Billing Address: _____

Billing Contact Title: _____ Name: _____

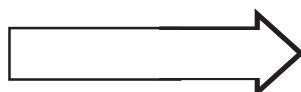
Billing Contact Telephone #:(_____) _____ FAX #:(_____) _____

|-----| **check all that apply** |-----|

Facility Types: Gas Electric TeleCom CableTV Sewer Water Pipeline Other

Number of Service Connections (*check one*) Under 3000 Over 3000

**Coordinator
Signature:**



Special Notes: _____