

Company Name:

MEMBERSHIP APPLICATION

Company Code
Assigned by JULIE



SECTION 1: FACILITY TYPE (select all that apply)

- ☐ Cable TV ☐ Telecommunications ☐ Fiber ☐ Electric ☐ Gas
☐ Pipeline ☐ Sewer ☐ Water ☐ Other: _____

SECTION 2: HOURS THAT THE LOCATE REQUEST RECEIVING DEVICE IS MONITORED

List the hours that someone is monitoring locate requests.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
OPEN TIME							
CLOSE TIME							
24 HOUR	Selecting this option indicates that your Company monitors and responds to the Primary Receiving Device at all times (24x7) and does not require after-hour emergency notifications.						24 HOUR CHECK HERE

SECTION 3: LOCATE REQUEST RECEIVING METHOD

Note: Voicemail constitutes positive delivery to your Company on behalf of JULIE once a voicemail has been delivered, JULIE will not call any additional contacts.

Primary Receiving Method _____
☐ E-MAIL (Preferred) ☐ PHONE CALL ☐ FAX (Not Preferred)

Daytime Backup (phone call) _____ - _____ - _____ x _____

Name of Person or Dept. _____

After Hour Emergency _____
☐ E-MAIL (Preferred) ☐ PHONE CALL ☐ FAX (Not Preferred)

After Hour Backup (phone call) _____ - _____ - _____ x _____

Name of Person or Dept. _____

Will the locates be performed by a Contract Locator? If yes, enter company name here _____

SECTION 4: FACILITY DAMAGE INFORMATION

The number JULIE provides for your company to the caller to report a damaged or exposed facility.

Phone & Ext. _____ - _____ - _____ x _____ Name of Person or Dept. _____

SECTION 5: ENGINEERING INFORMATION

The contact JULIE provides to the caller in the design phase of a project and needs information for planning purposes where no immediate excavation will occur.

Phone & Ext. _____ - _____ - _____ x _____ Name of Person or Dept. _____

E-mail _____

Company Name _____ Company Code _____

SECTION 6: COORDINATOR INFORMATION

The people authorized to make changes to your Company database (among other various duties).

Primary Coordinator

Coordinator Address _____ City _____ State _____ Zip Code _____

Name _____ Phone & Ext. _____ - _____ - _____ X _____

Fax _____ - _____ - _____ Cell _____ - _____ - _____

Email _____

Alternate Coordinator

Name _____ Phone & Ext. _____ - _____ - _____ X _____

Fax _____ - _____ - _____ Cell _____ - _____ - _____

Email _____

Alternate Coordinator

Name _____ Phone & Ext. _____ - _____ - _____ X _____

Fax _____ - _____ - _____ Cell _____ - _____ - _____

Email _____

SECTION 7: GEOGRAPHICAL AREA OF NOTIFICATION

Please send all necessary files (ex. KMZ, Shape Files, CAD files) to:

JULIE GIS Contact – Burt McAlpine – 636-586-0315 – mcalpine@julie1call.com

Buffer: _____ ft (recommended no less than 300ft) Working with _____ on geography.

SECTION 8: BILLING INFORMATION

Billing Address _____ City _____ St _____ Zip Code _____

Billing Contact _____ Phone _____ - _____ - _____ X _____

Email _____

Coordinator Signature

Date

If there are any issues, or questions, completing any of the above information, please call the Computer Operations Department. **815.741.5011**