

Membership Application



Company Name

Company Code Assigned by JULIE

SECTION 1 - FACILITY TYPE (select all that apply)

<input type="checkbox"/> Communications (Cable TV & Television)	<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Sewer Storm	<input type="checkbox"/> Water
<input type="checkbox"/> Drain Tile	<input type="checkbox"/> Gas	<input type="checkbox"/> Railroad	<input type="checkbox"/> Street Light	Other _____
<input type="checkbox"/> Electric	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Sewer Sanitary	<input type="checkbox"/> Traffic	_____

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 time (24x7) and does not require after-hour emergency notifications.						24 HOUR check here <input type="checkbox"/>

SECTION 3 - LOCATE REQUEST RECEIVING METHOD

Primary Receiving Method - Choose one

<input type="checkbox"/> Email (Preferred)	<input type="text"/>	<input type="checkbox"/> FAX (Not Preferred)	<input type="text"/>
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<input type="checkbox"/> *Voice Delivery (Not Preferred)	<input type="text"/>	*Voice mail constitutes positive delivery to your Company on behalf of JULIE. Once a voice mail has been delivered, JULIE will not call any additional contacts.
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Daytime Back-up (Phone call)	<input type="text"/>	Name of Person or Dept.	<input type="text"/>
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After Hour Emergency - Choose one

<input type="checkbox"/> Email	<input type="text"/>	<input type="checkbox"/> FAX	<input type="text"/>
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<input type="checkbox"/> *Voice Delivery	<input type="text"/>	*Voice mail constitutes positive delivery to your Company on behalf of JULIE. Once a voice mail has been delivered, JULIE will not call any additional contacts.
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After Hour Back-up (Phone call)	<input type="text"/>	Name of Person or Dept.	<input type="text"/>
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Will the locates be performed by a Contract Locator? If yes, type 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.	<input type="text"/>	Name of Person or Dept.	<input type="text"/>
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Email

SECTION 5 - ENGINEERING INFORMATION

This is the contact JULIE provides to the caller in the design phase of a project when information is needed for planning purposes where no immediate excavation will occur.

Phone & Ext.	<input type="text"/>	Name of Person or Dept.	<input type="text"/>
Email	<input type="text"/>		
Company Name	<input type="text"/>	Company Code Assigned by JULIE	<input type="text"/>

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 & Extension		
Fax#	Cell #	Email	

Alternate Coordinator

Name	Phone & Extension		
Fax #	Cell #	Email	

Alternate Coordinator

Name	Phone & Extension		
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 - bmc Alpine@julie1 callcom

Buffer: Ft (Recommended no less than 300 ft) Working with on geography.

SECTION 8 - BILLING INFORMATION

Billing Address	City	State	Zip Code
Billing Contact	Phone & Extension		
Email	<input type="text"/>		
Coordinator Signature	<input type="text"/>	Date	<input type="text"/>

If there are any issues or questions completing any of the above information, please call our Member Services dept. at 815-741-5011.