

# 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="text"/>
<input type="checkbox"/> Electric	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Sewer Sanitary	<input type="checkbox"/> Traffic	<input type="text"/>

## 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLOSE TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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<b>Daytime Back-up</b> (Phone call)	<input type="text"/>	<b>Name of Person or Dept.</b>	<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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<b>After Hour Back-up</b> (Phone call)	<input type="text"/>	<b>Name of Person or Dept.</b>	<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.

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

### 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@julie1callcom

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			
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.