

DIG SAFE MEMBERSHIP DATA SHEET

Company Name _____

Address _____

Board Member (for Principal Membership) -OR- **Office Contact** (For General / Non-Utility Membership)

Name _____ **Tel** _____ **E-Mail** _____

Billing Contact Person

Name _____ **Tel** _____

Email Address to Receive Invoices (**all Members must be billed electronically*) _____

Operations

Telephone # For Daily Daytime Business (One Number Only) _____

Off Hours Telephone # For Emergencies (One number only) _____

Office Hours _____

Total Trench Miles Of Underground Main And Distribution Plant By State _____
(*Not Including House Services*)

Buried Facilities In What State(s) For Dig Safe Notification? _____

List Only Cities/Towns For Dig Safe Notification _____

Type Of Facilities To Protect (*i.e. Water, Sewer, Drainage, Telephone, Fiber Optic, Traffic Signal, Fire Alarm, Propane*)

Dedicated Email Address To Receive Dig Safe Notices _____

Please Read and Sign:

I understand that both emergency and regular excavation notices will be routed to this email address, and accept responsibility to retrieve these messages on a regular basis.

Signature _____

Please check one:

_____ I will participate in Dig Safe's GIS mapping system to screen out calls for locations where facilities are not present. I understand I must submit the appropriate map data as described in Dig Safe's Purpose & Objectives form.

_____ I do not wish to participate in Dig Safe's GIS mapping system. Notify us of all excavation activities in the municipalities where we own or maintain underground facilities.

Please Read and Sign:

I understand that our company is responsible to update this map data on an ongoing basis to ensure proper notification, and that map updates must be sent to the Dig Safe Mapping Department at mapping@digsafe.com.

I also understand that our company is responsible to update Board Member or Contact Person information, telephone numbers, company name changes, mailing address, and email address for ticket transmission and general correspondence.

Printed Name _____ Signature _____

Please return this completed Data Sheet and signed Articles of Association to:

Amy Worden
Dig Safe System, Inc.
11 Upton Drive
Wilmington, MA 01887
Amy.Worden@digsafe2.com

We will contact you to complete the membership process once we receive these 2 completed documents.