

DIG SAFE MEMBERSHIP DATA SHEET

• Name Of Company: _____

• Address: _____

Appointed Board Member (Principal Membership) - OR - **Office Contact** (General Or Non-Utility Membership)

• Name _____ Tel#: _____ E-Mail _____

Billing Contact Person

• Name _____ Tel#: _____ E-Mail _____

• **Mailing Address For Billing** (if different from above) _____

• **Tel# For Daily Daytime Business**: (One Number Only) _____

• **Off Hours Tel# For Emergencies**: (One number only) _____

• Office Hours: _____

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

• **Underground 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)

• **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. (Not an option for Maine Members - Effective 5/1/2005, all Maine members must map 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.

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 Read and Sign:**

I understand that map updates must be sent to the attention of Rome Miano, Dig Safe Map Coordinator, at 877-DIG-SAFE ext. 3029 or rmiano@digsafe.com.

Printed Name _____ **Signature** _____

- **Please mail this completed Data Sheet and signed Articles of Association to:**

Amy McCuish
Dig Safe System, Inc.
331 Montvale Ave
Woburn, MA 01801

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