



## MEMBER INFORMATION FORM

Please print the official name, address and phone number of your company in the space provided. This is the main office of your company and does NOT have to be where you will be receiving locate requests.\*

Company Name: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt, Ste, etc: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

***\*Information regarding your receiving location information will be obtained on a separate form.***

### Billing Information

Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt, Ste, etc: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### General Correspondence Information

Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt, Ste, etc: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Database (Mapping) Information\*\*

Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt, Ste, etc: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Proxy Information

Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt, Ste, etc: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### ***For use by One Call Concepts Only***

Date received: \_\_\_\_\_ ( ) to billing list ( ) to Corp. ( ) to mailing list ( ) to db mail list  
( ) to db history form ( ) to KOC ( ) other: \_\_\_\_\_

Date changes completed: \_\_\_\_\_ Changes made by: \_\_\_\_\_

You must be using Adobe Reader or Acrobat 8.0 or greater to submit your completed form using the button below. Otherwise, you may save the completed document and send it as an email attachment to koc@occinc.com

Terminal Code(s):