



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: _____

Phone Number: _____ Fax Number: _____

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

Billing Information

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

General Correspondence Information

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Database (Mapping) Information**

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Proxy Information

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

****If your company will require that database for multiple receiving locations be handled by different persons, please indicate on a separate page who these additional people are and what Terminal Code they will be responsible for. If necessary, please contact the call center for assistance.**

Completed by _____

Date _____

Terminal Code _____

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