



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: _____ 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