



Facility Owner/Operator Additional Stations

General

This document contains information necessary for MISS DIG 811 to create additional stations under your membership.

Stations represent your underground facilities. There will be a minimum of one station for each facility you own/operate. If you desire to break a facility up into multiple stations, please inform the Member Services Department. Additionally, if you require more than four additional stations, email us or provide a supplemental sheet of additional stations. A list of all facility types available, as well as information on associated membership fees, can be found at resources.missdig811.org.

Each additional station incurs a one-time set-up fee of \$369.00 (\$153.00 per subsequent station created simultaneously) and an annual maintenance fee of \$51.52. Transmissions accrued by the additional station(s) will be included in calculating your annual membership fee.

If, while completing this document, you have any questions, please contact the MISS DIG 811 Member Services Department at membersupport@missdig811.org or (800) 482-7161.

Station 1

Facility Type _____

Physical Address

Please complete if different from the corporate address on original paperwork.

Address _____ City _____ State _____ Zip _____

Ticket Notification Settings

Every ticket intersecting with this station’s AOI will be sent in the selected format(s).

- PDF (electing PDF will eliminate the ticket data in the body of the email)
- GML
- XML
- GIF

Summary Reports

Summary Reports are end-of-day audits. More than one email can be provided.

Contacts

Member Contact (information will appear on the ticket for excavator use)

Full Name _____ Email _____

Phone _____ Emergency Phone _____

Member IT Contact (internal use only; does not need to be an IT employee)

Full Name _____ Email _____



Facility Owner/Operator Additional Stations

Existing Subscriptions

To which of your existing subscriptions should this station be added? Please reference by Subscription Name, found in the DamagePreventionPortal.

Station 2

Facility Type _____

Physical Address

Please complete if different from the corporate address on original paperwork.

Address _____ City _____ State _____ Zip _____

Ticket Notification Settings

Every ticket intersecting with this station's AOI will be sent in the selected format(s).

- PDF (electing PDF will eliminate the ticket data in the body of the email)
- GML
- XML
- GIF

Summary Reports

Summary Reports are end-of-day audits. More than one email can be provided.

Contacts

Member Contact (information will appear on the ticket for excavator use)

Full Name _____ Email _____

Phone _____ Emergency Phone _____

Member IT Contact (internal use only; does not need to be an IT employee)

Full Name _____ Email _____

Existing Subscriptions

To which of your existing subscriptions should this station be added? Please reference by Subscription Name, found in the DamagePreventionPortal.



Facility Owner/Operator Additional Stations

Station 3

Facility Type _____

Physical Address

Please complete if different from the corporate address on original paperwork.

Address _____ City _____ State _____ Zip _____

Ticket Notification Settings

Every ticket intersecting with this station’s AOI will be sent in the selected format(s).

- PDF (electing PDF will eliminate the ticket data in the body of the email)
- GML
- XML
- GIF

Summary Reports

Summary Reports are end-of-day audits. More than one email can be provided.

Contacts

Member Contact (information will appear on the ticket for excavator use)

Full Name _____ Email _____

Phone _____ Emergency Phone _____

Member IT Contact (internal use only; does not need to be an IT employee)

Full Name _____ Email _____

Existing Subscriptions

To which of your existing subscriptions should this station be added? Please reference by Subscription Name, found in the DamagePreventionPortal.



Facility Owner/Operator Additional Stations

Station 4

Facility Type _____

Physical Address

Please complete if different from the corporate address on original paperwork.

Address _____ City _____ State _____ Zip _____

Ticket Notification Settings

Every ticket intersecting with this station's AOI will be sent in the selected format(s).

- PDF (electing PDF will eliminate the ticket data in the body of the email)
- GML
- XML
- GIF

Summary Reports

Summary Reports are end-of-day audits. More than one email can be provided.

Contacts

Member Contact (information will appear on the ticket for excavator use)

Full Name _____ Email _____

Phone _____ Emergency Phone _____

Member IT Contact (internal use only; does not need to be an IT employee)

Full Name _____ Email _____

Existing Subscriptions

To which of your existing subscriptions should this station be added? Please reference by Subscription Name, found in the DamagePreventionPortal.



Facility Owner/Operator Additional Stations

Legal Statement Regarding Membership

MISS DIG System, Inc. ("MISS DIG") IS WILLING TO ADMIT YOU AS A MEMBER OF THE MISS DIG SYSTEM (REFERENCED BELOW AS "YOU" OR "YOUR") ONLY ON THE CONDITION THAT YOU ACCEPT ALL OF THE TERMS OF THE MISS DIG MEMBERSHIP AGREEMENT ("MEMBERSHIP AGREEMENT") AS WELL AS ANY AMENDMENTS, REVISIONS OR REPLACEMENT MEMBERSHIP AGREEMENT. READ THE TERMS AND CONDITIONS OF THE MEMBERSHIP AGREEMENT FOUND AT <https://www.missdig.org/members/resources.html>. CAREFULLY BEFORE ESTABLISHING YOUR MEMBERSHIP. RETURN OF THE MEMBERSHIP SET UP FORM CONSTITUTES ACCEPTANCE OF AND AGREEMENT TO THE TERMS OF THE MEMBERSHIP AGREEMENT, AS CURRENTLY STATED AND AS AMENDED, REVISED OR REPLACED IN THE FUTURE BY THE MISS DIG SYSTEM INC. BOARD OF DIRECTORS, AND IS A LEGAL AND ENFORCEABLE CONTRACT BETWEEN YOU AND MISS DIG. BY SUBMITTING THE SET UP FORM OR OTHERWISE ACCEPTING NOTICES FROM MISS DIG, YOU AGREE TO THE TERMS AND CONDITIONS OF THE MISS DIG MEMBERSHIP AGREEMENT. IF YOU DO NOT AGREE TO THESE TERMS AND CONDITIONS, DO NOT RETURN MEMBERSHIP SETUP FORM. THE TERMS AND CONDITIONS OF THE MEMBERSHIP AGREEMENT, AS CURRENTLY STATED AND AS AMENDED, REVISED OR REPLACED IN THE FUTURE BY THE MISS DIG SYSTEM INC. BOARD OF DIRECTORS, ARE SPECIFICALLY INCORPORATED BY THIS REFERENCE INTO UNLESS SPECIFICALLY AMENDED BY A MUTUALLY EXECUTED Special Membership Agreement or other Writing signed by YOU AND MISS DIG. UNLESS OTHERWISE DEFINED HEREIN, CAPITALIZED TERMS WILL HAVE THE MEANING GIVEN IN THE MEMBERSHIP AGREEMENT AND SUCH CAPITALIZED TERMS MAY BE USED IN THE SINGULAR OR IN THE PLURAL, AS THE CONTEXT REQUIRES.