

Palmetto Utility Protection Service, Inc.



Membership Application

Application Date: \_\_\_\_\_

1. LEGAL NAME OF YOUR COMPANY \_\_\_\_\_
2. BUSINESS ADDRESS \_\_\_\_\_
3. PERSON AUTHORIZED TO SIGN CONTRACT:  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EXT \_\_\_\_\_
4. LOCATION OF RECEIVING EQUIPMENT:  
(A) PRIMARY CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
CONTACT PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
EQUIPMENT E-MAIL ADDRESS: \_\_\_\_\_  
  
\*(B) AFTER HOURS CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
EQUIPMENT E-MAIL ADDRESS: \_\_\_\_\_
5. TYPE OF FACILITIES MANAGED \_\_\_\_\_  
(Telephone, Electric, Gas, Water, Sewer, Cable TV)
6. APPROXIMATE MILEAGE OF UNDERGROUND FACILITIES \_\_\_\_\_
7. LIST COUNTIES SERVICED \_\_\_\_\_  
\_\_\_\_\_
8. BILLING INFORMATION  
NAME OF PERSON TO BILL \_\_\_\_\_  
TITLE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EXT \_\_\_\_\_
9. TICKET INFORMATION  
WILL YOU RECEIVE TICKETS TO ONE E-MAIL ADDRESS? YES\_\_\_ NO\_\_\_  
(Receiving tickets to more than one e-mail address will generate additional costs)

**RETURN TO:**

**Palmetto Utility Protection Service  
810 Dutch Square Boulevard, Suite 320  
Columbia, SC 29210**

\*New Service added 2010 for After Hours Emergency Locate Requests only\*