



COMPANY INFORMATION SHEET

The attached Company Information Sheet must be filled out completely to ensure that your company's specific needs are met and to keep our records current. This information will allow us to better serve you.

Tennessee 811 is designed to allow customization according to the individual member's requirements. Therefore, care must be taken to provide the information requested, especially items number 5, 6, & 7. These items describe how you want to receive your notifications by type and how you want us to handle your emergency telephone notifications. **(Items 5, 6, & 7 must be duplicated for each receiving location).**

If you have any questions regarding this form, please call Kathy Quartermaine at our center (615) 367-1110 (ext. 7180).

Please provide all changes to the information provided herein and/or related to your service areas/database by e-mail, allowing as much lead time as possible. Upon receipt, we will process any changes, with the exception of extensive additions or revisions, within a nominal period of time.

RETURN TO:

Tennessee 811
Attn: Kathy Quartermaine
Damage Prevention & Education Manager
1850 Elm Hill Pike
Nashville, TN 37210

Company Name	City of Franklin		
Submitted By	Harvey Smithson	Date	10-19-2016
Title	Service Divisions Superintendent	Phone	615-794-4554
E-Mail	harveys@franklin.tn.gov		
Website	www.franklin-gov.com		

The following information must be filled out completely to allow us to better serve you throughout the year. Information given is for internal use only and will not be shared outside of Tennessee 811.

Company Name	City of Franklin				
Physical Address	124 Lumber Drive				
City	Franklin	State	TN	Zip	37064
Mailing Address	124 Lumber Drive				
City	Franklin	State	TN	Zip	37064

Designated Representatives:

Your designated representative for Correspondence, Notices, E-mails & Liaison Visits.

Name	Harvey Smithson	Title	Service Division Superintendent		
Mailing Address	124 Lumber Drive				
City	Franklin	State	TN	Zip	37064
Physical Address	124 Lumber Drive				
City	Franklin	State	Tn	Zip	37064
Phone	615-794-4554	E-Mail:	harveys@franklintn.gov		
Hours of Operation	7:00 A.M. till 4:00 P.M.				
Is there Public Access?	Yes				

Alternate Representative Information:

Name	Rick McPeak				
Title	Assistant Director Water Management				
Mailing Address	124 Lumber Drive				
City	Franklin	State	TN	Zip	37064
Physical Address	Franklin	State	TN	Zip	37064
Phone	615-794-4554				
E-Mail	rickm@franklintn.gov				

Your designated representative for Database Verification:

Name	Chris Robinson				
Title	GIS Manager				
Mailing Address	109 3rd Ave North				
City	Franklin	State	TN	Zip	37064
Phone	615-550-6665				
E-Mail	chris.robinson@franklin.tn.gov				

Your designated representative for Safety Training:

Name	Sara Sylvis				
Title	Risk Manager				
Mailing Address	109 3rd Ave North				
City	Franklin	State	TN	Zip	37064
Phone	615-791-3277				
E-Mail	sara.sylvis@franklin.tn.gov				

Your designated representative for Billing:

Name	Michael Walters Young				
Title	Budget and Analytics Manager				
Mailing Address	109 3rd Ave North				
City	Franklin	State	TN	Zip	37064
Phone	615-791-1457				
E-mail	michael.waltersyoung@franklin.tn.gov				

Your designated representative for Marketing:

Name	Milissa Reiersen				
Title	Communications Manager				
Mailing Address	109 3rd Ave North				
City	Franklin	State	TN	Zip	37064
Phone	615-550-6629				
E-Mail	milissa.reiersen@franklinTN.gov				

Will You Locate Your Own Facilities? Yes X No

If No, Who Is Your Contract Locator? _____

Address (if known) _____

City _____ State _____ Zip _____

E-Mail

Phone

Holidays

Please place an "X" by all holidays your company observes.

If this list changes or your office leaves early the day before a holiday, please make such an indication or instruct your personnel to notify the call center when they are leaving. This also applies during bad weather situations.

New Year's Day	<u>X</u>	Labor Day	<u>X</u>
Martin Luther King Day	<u>X</u>	Columbus Day	
President's Day		Veteran's Day	
Good Friday	<u>X</u>	Thanksgiving Day	<u>X</u>
Memorial Day	<u>X</u>	Christmas Day	<u>X</u>
Independence Day	X		

Please list any other days off that you normally observe:

Day before Thanksgiving

Christmas Eve

This item **must** be duplicated for each notification receiving location.

A. Notification Receiver Site/Location Information:

Contact Name Daleth Bronsdon
Phone 629-203-0647
Street Address 124 Lumber Drive
City Franklin State TN Zip 37064
Normal Working Hours For This Office Time 7:00A.M.- 4:00P.M. Days M-F

B. Is your primary receiving device E-mail, Fax, FTP, or KorWeb*
(Can have more than 1. Circle appropriate type)

E-mail(s):

daleth.bronsdon@franklin.tn.gov

Fax Number _____

(There is an additional fee of \$0.25 for each notification faxed)

FTP

FTP Address _____
Username _____
Password _____
Remote Directory (if applicable) _____
File Begin With (if applicable) _____

KorWeb* A representative with Tennessee 811 will contact you with more information regarding this program if you are interested. KorWeb is a Ticket Management System.

Interested in KorWeb? Yes X No _____

Emergency Notification: (ONLY IF DIFFERENT FROM ABOVE!)

E-mail _____

Fax _____

(There is an additional fee of \$0.25 for each notification faxed)

FTP

FTP Address _____

Username _____

Password _____

Remote Directory (if applicable) _____

File Begin With (if Applicable) _____

KorWeb*

A representative with Tennessee 811 will contact you with more information regarding this program if you are interested. KorWeb is a free, on-line ticket management system.

Interested in KorWeb? Yes _____ No _____

WHAT TYPE OF FACILITIES DO YOU OWN: (Place an "X" in each that applies):

Electric	_____
Gas	_____
Water	<u> X </u>
Sewer	<u> X </u>
Phone	_____
CATV	_____
Fiber	<u> X </u>
Other	<u> X </u>

1. **Emergency Voice Notification Service Information**

This item only needs to be filled out if you are electing to receive a voice notification from us regarding an emergency ticket. You will ALWAYS receive the physical ticket by the method(s) you specified on pages 6 & 7. The notification described here is whether you wish to receive an additional voice call from us regarding an emergency ticket we have sent you.

This could become vital if you receive an after-hours emergency ticket and need to have knowledge of it.

A. **EMERGENCY – *During Normal Working Hours***

Do you wish to receive a phone call from the call center during normal working hours in addition to the emergency ticket you are sent?

Yes _____ No X

There is an additional charge of \$1.00 for each emergency delivered by phone.

If YES:

Phone _____
Phone _____
Phone _____

B. **EMERGENCY – *After Normal Working Hours ONLY***

Do you wish to receive a phone call from the call center after hours in addition to the emergency ticket you are sent (IE: pager, answering service, dispatch, home, cell, etc):

Yes X No _____

There is an additional charge of \$1.00 for each emergency delivered by phone.

If YES:

Phone 629-203-0647
Phone _____
Phone _____

Notes:

Use this area to describe anything not covered above, or to clarify a certain item submitted.
