Michigan Public Service Commission Gas Operations Section Energy Operations Division

DAMAGE PREVENTION CONTACT INFORMATION

denotes a required field

COMPANY INFORMATION							
Official Company Na	ame						
Utility Type							
Ownership							
Mailing Address							
City		State			Zip Code		
MISS DIG Member I	D(s)						
COMPANY OFF	ICIAL						
Last Name	First		MI	Prefix	Title		
Mailing Address	Check if same as Company						
City		State			Zip Code		
Email				Phone			
PRIMARY COM	PANY CONTACT	•					
Last Name	First		MI	Prefix	Title		
Mailing Address	Check if same as Company						
City	. ,	State			Zip Code		
Email				Phone			
SECONDARY CO	OMPANY CONTA	ACT					
Last Name	First		MI	Prefix	Title		
Mailing Address	Check if same as Company						
City	1 1	State			Zip Code		
Email				Phone			