



# T100

## Application For New or Revised Telecommunications Service

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

**Description of Property to be Served:**

Existing Electrical Service Type:					
200 Amp	No	Single Phase	No	Overhead	No
400 Amp	No	Three Phase	No	Underground	No
Other	_____	Other	_____		

**Legal:**

\_\_\_\_\_

**Physical:**

\_\_\_\_\_

### Telecommunications Service Installation Information

Internet Service: \_\_\_\_\_ Speed:  Mb/s

Video Service: Not available at this time

Telephone Service: Not available at this time

LAV (VLAN) Service \_\_\_\_\_ Speed:  Mb/s

Other: \_\_\_\_\_ Describe: \_\_\_\_\_

Date Required:

Signing this form in no way commits any party to any kind of agreement. This form is for internal use of the Pacific County PUD for estimating purposes only.

OWNER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETAILER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Rentors or Lessees can not sign to have this service done. Only the property/building owner can.

#### Engineering Feasibility Use Only

Estimated Cost to Serve \$ \_\_\_\_\_ Acct. # 417.320

E.R. \_\_\_\_\_ Field Checked By \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Easement Required  Electric Meter #: \_\_\_\_\_

Service Type: \_\_\_\_\_

Rate: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

No. 00043 - WOC



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### Fiber Optic Site Sketch

**SITE SKETCH:**

Please sketch the site layout and include the building and the location of the electric meter. If you have underground service or the electric meter is not attached to your building/facility, estimate, in feet, the distance between the meter and your building.

**In order to speed up the construction process, we ask that you provide as much information as possible on the location of any electrical, cable TV, telephone or gas lines on your property.**

N

SITE SKETCH

**Field Remarks:** \_\_\_\_\_

\_\_\_\_\_

E.R. \_\_\_\_\_ Field Checked By \_\_\_\_\_ Date: \_\_\_\_\_

No. 00043 - WOC