



**TELECOM CHANGE OF SERVICE REQUEST**

Device/Service: \_\_\_\_\_ LID: \_\_\_\_\_

Requested By: \_\_\_\_\_ Retailer \_\_\_\_\_ End User Contact: \_\_\_\_\_

Application #: \_\_\_\_\_ Connection #: \_\_\_\_\_ Date: \_\_\_\_\_

**SERVICES REQUESTED**

- |                        |   |                                    |
|------------------------|---|------------------------------------|
| _____ Internet 100Mbps | _____ Additional Port 100Mbps                   | _____ Seasonal Turn-Down (6months) |
| _____ Internet Gig     | _____ Additional Port Gig                       | _____ Additional Power             |
| _____ P2P Vlan         | _____ Retailer Change                           | _____ Colocation (Specify Below)   |
| _____ UPS              | _____ Premium Svc (After-hours outage response) |                                    |

**Comments:**

*NOTE: CAT 5 cabling is required for Internet/Data service. Consult with your Retailer Service Provider for ALL inside wiring. Connection Charge and Monthly Charge is Retailer Dependent.*

End User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retail Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing and submitting this form, you are agreeing to obtain this service upon availability and will be responsible for all applicable charges from your Retail Service Provider of choice. All conditions of service are subject to PUD 3's service policies. Please return to: Mason County PUD 3, PO Box 2148, Shelton, WA 98584, email [telecomsupport@masonpud3.org](mailto:telecomsupport@masonpud3.org), or Fax 360.426.6320

**Office Use Only**

VLAN: \_\_\_\_\_ RT: \_\_\_\_\_ Database: \_\_\_\_\_ Contract: \_\_\_\_\_