



## **FIBER OPTIC APPLICATION FOR BUSINESS SERVICE**

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

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**RETAILER CHOICE:** \_\_\_\_\_

### **SERVICES REQUESTED**

\_\_\_\_\_ Internet 100Mbps \_\_\_\_\_ Premium Svc (*After-hours outage response*)

\_\_\_\_\_ Internet Gig \_\_\_\_\_ Addition Port 100Mbps

\_\_\_\_\_ Internet Wireless \_\_\_\_\_ Additional Port Gig

\_\_\_\_\_ Colocation Services: (*Choose location below*)

Mt. View (1) \_\_\_\_\_ Kamilche (2) \_\_\_\_\_ Belfair (3) \_\_\_\_\_ Cota (4) \_\_\_\_\_

*NOTE: CAT5 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 customer service policies. Please return to: Mason County PUD 3, PO Box 2148, Shelton, WA 98584, [telecomsupport@masonpud3.org](mailto:telecomsupport@masonpud3.org), or fax to 360.426.6320

For Office Use Only

APP: \_\_\_\_\_ CONN: \_\_\_\_\_ RT: \_\_\_\_\_

DEVICE: \_\_\_\_\_ VLAN: \_\_\_\_\_ UPSTRM: \_\_\_\_\_

WF: \_\_\_\_\_ LID: \_\_\_\_\_ IP: \_\_\_\_\_