



**RETAILER APPLICATION FOR SERVICE**

Retailer: \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Device: \_\_\_\_\_ Turn-up Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

End User Name/Business: \_\_\_\_\_

**SERVICES REQUESTED**

- \_\_\_\_\_ Internet 100Mbps
- \_\_\_\_\_ Internet Gig
- \_\_\_\_\_ Internet Wireless
- \_\_\_\_\_ Colocation Services: *(Choose location below)*
- \_\_\_\_\_ Premium Svc *(After-hours outage response)*
- \_\_\_\_\_ Addition Port 100Mbps
- \_\_\_\_\_ Additional Port Gig

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing and submitting this form, the Retailer agrees to obtain this service upon availability and will be responsible for all applicable charges. 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

**PUD Use Only**

APP/CONN: \_\_\_\_\_ RT: \_\_\_\_\_ VLAN: \_\_\_\_\_

UPSTRM: \_\_\_\_\_ LID: \_\_\_\_\_ IP: \_\_\_\_\_

DEVICE TYPE: \_\_\_\_\_ CHG OUT REQ: Y N DATE: \_\_\_\_\_