



RETAILER APPLICATION FOR SERVICE

Retailer: _____ Date: _____

Service Address: _____

Device: _____ Turn-up Date: _____ Phone#: _____

End User Name/Business: _____

SERVICES REQUESTED

☐ Internet -Vlan _____

☐ Additional Port – Vlan _____

☐ Wireless - Vlan _____

☐ Additional Port - Vlan _____

☐ Additional Port - Vlan _____

☐ Additional Port - Vlan _____

☐ Additional Port - Vlan _____

☐ Premium Service (*After-hours response*)

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, or Fax 360.426.6320

PUD Use Only

APP/CONN: _____ SO: _____ SVC LOC: _____

HUT: _____ UPSTRM: _____ IP: _____

DEVICE TYPE: _____ DEVICE CHANGE OUT REQ: Y N SO: _____