



Telecom Choice Power Services Request

Telecom Customer Information			
Telecom Company Name:			
Representative Name:			
Email Address:			
Phone Number:			
Approved Consultant / Contractor Information			
Company Name:			
Applicant Name:			
Email Address:			
Phone Number:			
Project Information			
Telco Reference #:		DBC Reference #:	
Project Stakeholder:			
Project Name:			
Project Address:			
Service Information			
Anticipated Customer in Service Date (<i>minimum 90 days from submission*</i>):			
Type of Service:	<input type="checkbox"/> New Service <input type="checkbox"/> Service Upgrade		
Location:	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground		
Phase:	<input type="checkbox"/> Single Phase <input type="checkbox"/> 3 Phase		
Ampacity:			
Secondary Cable Size:			
Existing Transformer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Transformer/Upgrade Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Transformer Size/Type (if required)	
PLA Information			
Aerial Attachment Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please note that permits are required for attachment prior to installation.
Please Provide PLA #:			

**Anticipated Customer in Services Dates are not guaranteed but will be used as a project guideline/target. Dates may change due to project complexities, resourcing, and 3rd party approvals.*