



Telecom Choice Underground Installation 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: <i>(The following information must be included with this application)</i>			
Telco Reference #:		DBC Reference #:	
Project Stakeholder:			
Project Name:			
Project Address:			
Anticipated Customer in Service Date <i>(minimum 90 days from submission*)</i> :			
Type of Cable to be Installed:	<input type="checkbox"/> COAX <input type="checkbox"/> Fiber <input type="checkbox"/> Other _____		
Size of Cable to be Installed:			
Number of Structures (MH/TVs)			
Start Point Location (MH/ TV #s and Address)			
End Point Location (MH/ TV #s and Address)			
Is there an existing Junction Box installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Extra Cable Required at End Point/ past NJB (m)			

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Brief Description of the Project:	
Requested Route Map:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Access Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, access agreement is to be approved prior to cable installation</i>
Building Contact Name:	
Building Contact Phone Number	

**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.*