(Please e-mail form to your Account Manager)

Today’s Date: - - **Dark Fiber Engineering Services**

**SECTION A - Customer Info: SDE Tracking ID. #: [ ]**

**(4)**   WV

**(4)** **Clean Connector** [ ] **Retrofit** **Connector** [ ] **Testing [** ]

 **Field Survey if fiber is available** [ ] **Field Survey if fiber is not available** [ ]

 **Routine Network Modifications** (e.g., splicing) **[ ]**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name:**

**Customer Contact: Telephone #: ( ) FAX #:**

**Mobile #: ( ) Pager #: ( ) Email:**

**Circuit ID: CLLI Code: CO:**

Address: County: City: State:

**Circuit ID**: **CLLI Code: CO:**

Address: County: City: State:

**SECTION B – Billing Information**

Billed Company: Contact:

Address: Telephone #:

City: State: Zip:

**SECTION C – SDE Contact**

Name: **Telephone #: ( ) FAX #:**

**To OSP Engineering: Upon completion of construction work please do the following:**

1. Inform Customer Contact that all work is complete.
2. Fax this form to SDE Contact. *Job Completion Date:*