**Information Request Form** **(“IRF”)**

**The following information must be provided and certified as correct by a duly authorized Officer, Consultant or Attorney of the business entity that will be named as the execution party in the Agreement (the “Contracting Party”).**

1. Date:       Type of Agreement Contracting Party is requesting:
2. State(s) this IRF pertains to: (AL, AZ, CA, CT, FL, GA, IA, IL, IN, MI, MN, NC, NE, NM, NV, NY, OH, PA, SC, TN, TX, UT, WI, WV)

1. State(s) listed in #2 in which the Contracting Party has an **existing contract with Frontier**. For each state listed, submission of this IRF (for purposes of a new interconnection agreement) to Frontier confirms the Contracting Party is providing Termination Notice of the existing contract(s).

1. **Exact Legal Entity Name As Certified,** including d/b/a if appropriate, of the Contracting Party that will be legally bound by the document. If this differs by state, provide for each state listed in #2.

1. Contracting Party’s affiliate company name(s), or enter “none” if no affiliates:
2. Contracting Party's preferred acronym:
3. Contracting Party's Legal Form (e.g., corporation, partnership, etc.):
4. State of Incorporation/LLC/LP: **If this differs by state, please provide for each state listed in #2**.

1. Contracting Party's principal place of business address:

1. Contracting Party's designee to receive **Legal Notice** for the Contracting Party (at least one designee should be a Contracting Party Employee):

Name:       Title/Firm:

Street Address:

Telephone:       Fax:

Email:

1. Contracting Party's duly authorized Officer with **Execution Authority** to bind the Contracting Party:

Name:       Title:

Street Address:

Telephone:       Fax:

Email:

1. Contracting Party's individual/department to receive legal notice regarding **Tax Matters**:

Name:

Full Address:

1. Contracting Party's authorized individual/department to receive **Usage Data**:

Name:

Full Address:

1. Contracting Party's individual/department to receive legal notice regarding Charges & Payments (Billing):

Name:

Full Address:

1. The Contracting Party is a (type of Carrier i.e. CLEC, CMRS):

Facilities-Based Providers and Resellers only, please complete the following three questions:

15a. **For each state listed in #2** where Certification is **Approved**, list the state(s), certification number(s) and certification date(s).

15b. **For each state listed in #2** where Certification is **Pending**, list the state(s) and date(s) certification was filed with the state regulatory authority.

15c. **For each state listed in #2** where Certification has **Not Been Filed**, list the state(s). *[Note: Many states require either an approved or pending certification* ***prior to the filing*** *of an interconnection agreement.]*

1. Contracting Party's Representative authorized to receive the **Executable Document.**

**All Items in #16 are Required**

Name:       Title/Firm:

Full Address:

Telephone:       Fax:

Email:

**I,** **(Enter Name), as** **(Enter Authorized Party's Title) for** **(Enter Company Name), the Contracting Party, do hereby certify that the foregoing information is correct. (No Signature Required)**