**BTOP Interconnection Information Request Form**

**You must provide the following information. You must certify it as correct by a duly authorized officer or agent of the party that will be bound by the BTOP interconnection contract.**

**Please note that you also must supply the technical information on the last page following your signature to this form.**

1. Today’s Date:
2. The purpose(s) for the interconnection (e.g., provision of Internet access, interoffice transport, switched local services, point-to-point data, local interconnection):
3. Street address(es) of the BTOP facilities to which this requested BTOP interconnection pertains:

4. Date(s) of requested interconnection (specify locations if dates differ by location):

5. Non-BTOP Frontier services you wish to order in conjunction with this request (please state type(s), bandwidth(s) and to/from location(s) of requested non-BTOP services):

1. What **existing contracts** you or your affiliates have with Frontier?
2. **Exact Legal Entity Name**,including d/b/a if appropriate, of the party (corporation, partnership, etc.) that will be legally bound by the interconnection document.
3. Your affiliate company name(s), or enter “none” if no affiliates:
4. Your **Exact Legal Entity’s** preferred acronym or abbreviation:
5. Your **Exact Legal Entity’s** legal form (e.g., corporation, partnership, etc.)
6. State of Incorporation/LLC/LP:
7. Your **Exact Legal Entity’s** principal place of business address:
8. Your 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. The contracting party's duly authorized Officer with **Legal Authority** to bind the Contracting Party:

Name: Title:

Street Address:

Telephone: Fax:

Email:

1. The contracting party's individual/department to receive legal notices regarding **Tax Matters**:

Name: Title:

Street Address:

Telephone: Fax:

Email:

1. The contracting party's authorized individual/department to receive **invoices**:

Name: Title:

Street Address:

Telephone: Fax:

Email:

1. The contracting party is a

Carrier:

Government Agency:

End User:

17a. Please state whether the contracting party is a certified Telecommunications Carrier: If so, please state certification number(s), and certification date(s). If not, enter “N/A”.

17b. Please state whether contracting party is certified as an Eligible Telecommunications Carrier (ETC). If so, please state date(s) ETC status was granted and Case No. If not, enter “N/A”.

1. Please state the contracting party's representative who will be authorized to receive the **Signed Contract:**

Name:

Title/Firm:

Full Physical 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.**

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

**Signature**

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

# Date

**Technical Information:**

1. Please supply complete route information for the start to end points for each route (Point A to Point Z information):
2. Please state the total mileage/footage of BTOP facilities to which you are requesting interconnection:
3. Please supply the GIS Map Reference Number(s) for each BTOP-funded route section to which you are requesting interconnection:
4. Please provide the name, address and location of the end user:
5. Please specify the type of interconnection that you are requesting:
6. Please specify the exact locations where you are requesting interconnection:
7. Are you requesting interconnection for access to the public Internet?
8. Are you requesting interconnection for the exchange of traffic?
9. If so, is the traffic local exchange tariff? **I**s any of the traffic non-local exchange traffic (e.g., interexchange tariff)?
10. Do you wish to make an inquiry regarding whether BTOP dark fiber is available in specified BTOP-funded facilities? (Please note that you may have to supply additional technical information if the answer is “yes.”)
11. Please attach any drawings, specifications or other technical information that you believe is pertinent to your BTOP interconnection request.
12. Do you have any other information that you believe is relevant to your BTOP interconnection request?

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