

Product: Platform Business POTS - Disconnect One Line Post-Migration

| Field | Data Description | Field Entry |
|--|---|------------------|
| Local Service Request Form (LSR) | | |
| CCNA | Customer Carrier Name Abbreviation | <ZTK> |
| PON | Purchase Order Number | <Your PON> |
| VER | Version | <01> |
| ATN | Account Telephone Number | <8125690075> |
| LOCQTY | Location Quantity | <001> |
| D/TSENT | Date and Time Sent | <200906060800> |
| DDD | Desired Due Date | <20090609> |
| REQTYP | Request Type | DB |
| ACT | Activity | C |
| AGAUTH | Agency Authorization Status | Y |
| TOS | Type of Service | <1AF-> |
| SLI | Sub Loop Indicator | <S> |
| NC | Network Channel Code | (See Footnote 1) |
| NCI | Network Channel Interface Code | (See Footnote 1) |
| INIT | Initiator Identification | <Joe Smith> |
| TEL NO | Initiator Telephone Number | <8134833525> |
| IMPCON | Implementation Contact | <Mary Williams> |
| TEL NO | Implementation Contact Telephone Number | <8134383000> |
| REMARKS | Remarks | |
| End User Form (EU) | | |
| LOCNUM | Location Number | <001> |
| NAME | End User Name | <Best Food Shop> |
| AFT | Address Format Type | <N> |
| SANO | Service Address House Number | <46> |
| SASN | Service Address Street Name | <Cayuga> |
| SATH | Service Address Street Type | <Rd> |
| CITY | City | <Anytown> |
| STATE | State/Province | <IN> |
| ZIP | Zip/ Postal Code | <10022> |
| EATN | Existing Account Telephone Number | <8125690075> |
| Port Service Form (PS) | | |
| Administrative | | |
| PQTY | Port Quantity | 1 |
| Service Detail 1 | | |
| LOCNUM | Location Number | <001> |
| LNUM | Line Number | <00001> |
| LNA | Line Activity | D |
| TNS | Telephone Numbers | <8125690075> |
| Footnotes | | |
| 1. Valid NC/NCI code required. If applicable | | |
| 2. Remarks | | |



LSR Order Samples

Platform Partial Disconnect

REQTYP: DB

ACT: C

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