CLEC DC POWER INQUIRY FORM

For

Collocation

1. **CUSTOMER INFORMATION**
2. **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (MM/DD/YYYY)
3. **Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### CENTRAL OFFICE

**1. Name of Central Office/Premise(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **CLLI CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **CLEC INFORMATION (CLEC name is only required field in this section)**
3. **CLEC Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:** **\_\_\_\_\_\_\_ ZIP:** **\_\_\_\_\_\_\_\_\_**

1. **Access Carrier Name Abbreviation (ACNA):** **\_\_\_\_\_\_\_**
2. **Arrangement Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Tariff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **COLLOCATION POWER INVENTORY**

**Do you wish to have Frontier perform an inventory of your existing collocation DC power arrangements at this central office/premise(s)? By checking “Yes,” you agree to pay Frontier the following fee for performing the inventory: for each person used by Frontier to perform the inventory, $XX.XX per half hour or fraction thereof and $XX.XX each additional half hour.**

**Yes: \_\_ No: \_\_**

**CLEC Authorizing Representative**

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

**Signature**

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

**Name (printed)**

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

**Title**

**Please submit this application and all supporting documentation to E-mail address:** **WVCollocation@ftr.com**

**Please submit all application fees to:**

 **Frontier – Special Billing Project**

 **P.O. Box 639406**

 **Cincinnati, OH 45263-9406**

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