**Notice of Termination/Reduction Form**

##### Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received (FTR Use only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **I. Termination/Reduction Type**

 **Notification Type (Select as Full or Partial)**

|  |  |
| --- | --- |
|  | **Full termination** of arrangementPlease Note: This selection indicates termination (giveback) of an entire arrangement |
|  | **Partial reduction** of arrangementPlease Note: This selection indicates reduction to an existing arrangement (i.e. space/power/Terminations/interconnecting facilities) |
|  | **DC Power reduction ONLY** Please Note: All power requirements for all feeds must be restated within a power reduction request.Complete **Sections II and V** of this Form  |

##  **Note:** Notice of Termination/Reduction Form must be submitted for each arrangement. **All**

## **Work performed in Frontier Central Offices must follow the standards outlined in the**

## **respective ICA/Tariff Installation Practices.**

## **II. Customer Information**

1. **Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Company Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_

1. **Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **ACNA/CCNA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **CLLI Code (11 characters):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Identify Tariff under which the arrangement was originally established:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. ARRANGEMENT DETAIL AND STATUS**

 **1. Type of Arrangement to be Terminated/Reduced**

|  |  |
| --- | --- |
|  | **Traditional Physical/Caged** |
|  | **SCOPE** |
|  | **CCOE/Cageless** |
|  | **Virtual** |
|  | **CATT** |

 **2. Specify status of CLEC Installed Equipment within FTR space for arrangements to be**

 **terminated.**

|  |  |  |
| --- | --- | --- |
| **Status of CLEC Equipment** | **Yes**  | **No** |
| Equipment in Place |  |  |
| Equipment Powered |  |  |
| Equipment with Working Service  |  |  |
| **Date** **Equipment to Be Removed**  |  |

1. **Outside Plant/Interoffice Facilities Connections**

Provide Method used to establish Collocation arrangement to be terminated

|  |  |  |
| --- | --- | --- |
|  | **Interoffice Facilities****Method of Connection** | **Remarks** |
|  | **Lease Facilities from FTR** |  |
|  | **Microwave** |  |
|  | **Third Party Lease via CATT**In Remarks, please identify:* CFP Name
* CFP CLLI (11 digit)
 |  |
|  | **Pulled in Fiber via CO Manhole**In Remarks, please identify:* Designated Manhole Number(s) and CLLI(s)
 |  |

**IV. TERMINATION/REDUCTION DETAILS**

1. **Square Footage or Number of Bays/Relay Racks of Collocation Arrangement**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Amt. Sq. Ft. of Arrangement | Amount ofSq. Ft. Returned  | Amount ofSq. Ft. Retained |
| Traditional Physical/Caged |  |  |  |
|  | **Current # of Bays/Relay Racks** | **Number of** **Bays/RR Returned** | **Number of** **Bays/RR Retained** |
| **SCOPE** |  |  |  |
| **CCOE/Cageless** |  |  |  |
| **Virtual** |  |  |  |

 **Note:** Space must be returned in increments consistent with amounts allowable in the

 respective tariffs.

1. **Cable Terminations (cables between demarcation point & FTR distributing frame)**

*(For VG 2W/4W CFA, see attachment A at the end of this document)*

*(For DS1/DS3/Fiber CFA, see attachment B at the end of this document)*

*(For Line Sharing CFA, see attachment C at the end of this document)*

1. **CATT Connections (this section is applicable to CATT arrangements or**

**Connections to CATT arrangements)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **CATT Provider Name** | **CLEC**  **CLLI Code** | **# of fiber****cables to be reduced**  | **# of fiber****cables to be****removed**  |
| **CLEC Interconnection to a CATT Provider** |   |   |   |   |
|   |  **Vault /ASA**  | **# of fiber****cables to be reduced**  | **# of fiber****cables to be removed**  | **Location of CATT arrangement****(floor, bay, shelf, rack, etc.** |
| **CATT Provider (3rd Party Provider/CFP**  |   |   |   |   |

 **NOTE:** Please indicate if this information is unavailable. A CATT Provider is responsible to

 Disconnect with all Collocators. A Certificate Letter attesting to the completion of disconnects

 Must accompany this form. Conversely, a Collocator connected to a CATT Provider must

make arrangements to disconnect directly with the CATT Provider.

1. **Technical Specifications for Equipment to be Removed.**

Frontier requires a comprehensive list of the equipment and relay racks that are to be removed. In order to avoid any delays on the project, when filling out the chart, please ensure all necessary information is provided. When the collocation request is for cageless, CCOE, SCOPE or CATT, identify the equipment with its respective bay. For example, fill in Bay 1 and its associated equipment, then Bay 2, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bay # /** **Location Designation** | **Qty** | **Manufacturer or Model #** | **Equipment Type** | **CLEI** |
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**V. DC POWER REDUCTION**

1. **Restate Power Requirements**

**NOTE:** All power requirements for all feeds must be restated when requesting a power

reduction.

|  |
| --- |
| **For Traditional Physical, Caged, Cageless, Virtual, CCOE or Virtual Racked & Stacked** |
| **Power Configuration** | **Feed** | **Disposition Code** | **Drain/Load Existing** | **Drain/Load Requested\** | **Amps Fused Existing** | **Amp Fused Requested** | **Cable Ampacity** |  **Feed Designation** | **Bay Designation** |
| **BDFB/MPB/RR Designation** | **Panel Designation** | **Fuse Assignment** |
|
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| **1** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
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| **2** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **3** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **4** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **5** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **6** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **7** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
|
| **8** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **9** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **10** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **11** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **12** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **13** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **14** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **15** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **16** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **17** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **18** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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**\*Disposition Codes on Reduction:**

**( R ) Reduction**

**( T ) Termination of existing feed**

**(NC) No Change**

The CLEC may be required to participate in a joint coordination/site visit to identify applicable power

feeds. The CLEC will be required to participate in joint coordination for changes in power cabling and

fuse size requirements. In order to power down equipment the CLEC must schedule the work with

Frontier. The CLEC/Vendor cannot remove its physically collocated equipment until Frontier has

removed the associated DC power fuses powered down the equipment.

Amps drain/load per feed and fused capacity per feed must be provided for all feeds even if a change

is not being requested in order to ensure that your total drain/load requirements are noted. Use

separate lines for each feed. Total fused amount cannot exceed 2.5 times drain/load, except in NY &

CT where the total fused amount cannot exceed 4 times drain/load. The total drain/load per feed

must be expressed in whole numbers and not fractions. Additionally, the fused capacity must be

expressed in industry standard fuse sizes as noted in the instructions to this document.

Power adjustments carry the following miscellaneous collocation service charges:

* If Physical changes are required (i.e. change in fuse size, removal of power cable) – CLEC responsible to

 pay all applicable charges as defined by the respective tariffs.

* If changes in cabling are required – CLEC will be responsible to pay a power augment only

fee. If an augment fee is not applicable, a time and materials charge will apply.

Corresponding augment time frames will also apply. The CLEC will be

responsible for all applicable tariff charges, including minor augment fees and miscellaneous

service charges for additional labor where applicable.

In NY NRCs will be applied when CLECs reduce drain/load and/or fuse sizes.

Total equipment drain/load existing in amps for the entire arrangement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total equipment drain/load retained in amps for the entire arrangement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. REMARKS**

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

**Please submit all application fees to:**

 **Frontier – Special Billing Project**

 **P.O. Box 639406**

 **Cincinnati, OH 45263-9406**

**NOTE: Failure to provide all requested information and associated documentation may result in delays in the**

**processing of this application.**

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**Attachment A**

**VG 2W/4W**

|  |  |
| --- | --- |
|  CLEC CLLI: | Date Filled Out: |
| This Form Prepared By: | Tel #: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CFA Disposition (Returned/Retained) | TotalInventoryReturned | CLEC's Equipment Name (*Not Required for Physical*) | Circuit Type | Common Area POT Bay or CLEC's Equipment Location | EPA/CP |  |  |  |  |  |
| 1 |  | 2 | 3 | 4 | Line-Up Bay & Panel or Relay/Rack & Shelf5a | Port or Vertical & Block5b | Port/Jack From To6a 6b | FID7 | ACNA or AECN8 | System9 | Cable ID / Shelf Number10 |  PAIR RANGE /  PORT RANGE From To11a 11b |
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**Attachment B**

**DS1/DS3/Fiber**

|  |  |
| --- | --- |
| CLEC CLLI: | Date Filled Out:  |
| This Form Prepared By: | Tel #: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| CFA Disposition (Returned/Retained) | TotalInventoryReturned | CLEC’s Equipment Name (Not Required for Physical) | Circuit Type  | Common Area POT Bay or DSX/OSX (fGTE) or CLEC's Equipment Location | CFA |
| 1 | 2 | 3 | 4 | Line-Up Bay & Panel or Relay/Rack & Shelf5a | Port or Vertical & Block5b |  Port/Jack From To6a 6b | FAC DES/CABLE ID7 | FAC TYPE/DETAIL8 |  **Line/Unit From To****9a 9b** | **Terminal A****10** | **Terminal B****11** |
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**Attachment C**

**Line Sharing**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLEC CLLI: |  |  |  |  | Date Filled Out: |  |  |  |  |  |  |  |
| This Form Prepared by: |  |  |  |  | Tel #: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| CFA Disposition(Returned/Retained) | Total InventoryReturned | **Line Sharing Option**  (A or C) | **Circuit Type** Option "A" Only (POT or LINE) | **POT Bay/Panel** or CLEC's Equipment Location (Virtual) | **Splitter CFA (For Line Sharing)** |  |  |  |
|  |  |  |  | Line-up Bay & Panel or Relay Rack & Shelf |  Port/Jack  From To | **FID** (SPLT) | **ACNA** (AAA) (fBA) | **BAY** (NNN) | **SHELF** (NN) |  **PORT** From To(NNNN) (NNNN) |
| 1 | 2 | 3 | 4 | 5 | 6a  | 6b | 7 | **Splitter ID (fGTE)** (AAAAAA)8 9 10 | **11a**  | **11b** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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