



WF _____

FIBER OPTIC APPLICATION FOR BUSINESS SERVICE

Business Name: _____ Contact Person: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Business #: _____ Cell #: _____

PUD Electrical Account #: _____ -- _____ Existing Power Service: _____ Overhead or _____ Underground

SERVICES

Check One:

- ____ New Service
- ____ Additional Service
- ____ Altered Service

Retail Service Provider Choice: _____

Check Desired Service:

- ____ Internet Service
- ____ Local VLAN Service
- ____ OffNet VLAN Service
- ____ Wireless Service

NOTE: CAT 5 cabling is required for Internet/Data service. Consult with your Retailer Service Provider for ALL inside wiring. Connection Charge and Monthly Charge is Retailer Dependent.

Owner of Service Property Signature: _____ **Date:** _____

Renter of Service Property Signature: _____ **Date:** _____

Retail Service Provider Signature: _____ **Date:** _____

By signing and submitting this form, you are agreeing to obtain this service upon availability and will be responsible for all applicable charges from your Retail Service Provider of choice. All conditions of service are subject to PUD 3's customer service policies.

Please Return to: Mason County PUD 3, PO Box 2148, Shelton, WA 98584 www.masonpud3.org or Fax: (360)426-8547

Office Use Only

Gateway Assignment: _____ **VLAN Assignment:** _____ **RT Ticket #:** _____ **Database:** _____