



WF _____

FIBER OPTIC APPLICATION FOR RESIDENTIAL SERVICE

Full Name: _____ Date: _____
First middle last

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

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

Email: _____ Work#: _____ Home#: _____

PUD Electrical Account #: _____ -- Division #: _____ Lot #: _____

Do you Own the Service Property? Yes or No
Do you Rent/Lease the Service Property? Yes or No
Is the existing Power Service: Overhead or Underground

Fiber Service

Check One:
 New Service
 Additional Service
 Altered Service
Retail Service Provider Choice: _____

Check Desired Service:
 Internet Service
 Phone Service
of lines _____ List of Numbers _____
Fax Number _____

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.