**CUSTOMER INFORMATION:**

**Company Name:**

**Service Type**:

[ ]  Switch Based [ ]  LWC [ ]  Resale [ ]  ILEC

**OCN: Michigan**

**Type of Activity:** [ ]  New [ ]  Change

Purpose of Change:

Date Submitted:       Requested Service Date:

 (30 days required for new service/14 days for any changes)

**In Service Date:**

 **(AT&T Use Only)**

**Customer Contact:**

Contact Name:

Telephone Number: (   )   -     Email:

**SERVICE OPTIONS:**

Check desired service options. Please refer to instructions for eligibility requirements

for each option

 **COMPLETE**

 [ ]  Relay Service **DA**/**OA SUPPLEMENT**

 [ ]  Facility Based………………………………….**SERVING AREA SUPPLEMENT**

**To ensure end user billable records are received please contact your Account Manager to set up CMDS Hosting**

**SERVING AREA**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **State** |  **OCN** | **Switch** | **ATT Switch CLLI** | **LATA**  |
| **Michigan** |  |  |  |
| [ ]  |      | Detroit | DTRTMIBH20T | 340 |
| [ ]  |      | Grand Rapids | GDRPMIBL20T | 348 |
| [ ]  |      | Lansing | LNNGMIMN20T | 346 |
| [ ]  |      | Marquette | MRQTMIMN20T | 342 |
| [ ]  |      | Pontiac | PNTCMIMN21T | 340 |
| [ ]  |      | Saginaw | SGNWMIFA20T | 344 |

**BILLING NOTIFICATION INFORMATION**

Wholesale customer to complete the following:

OCN:

Customer Billing Name:

Contact:

Mailing Address:

City:      State:       Zip:

Contact Telephone Number: (   )   -

Authorizing Company Representative: