**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: