

(City/ Municipality) , (State)

Wire Center

Date xx/xx/xxxx

Date xx/xx/xxxx

(original occupancy permit # obtained from AT&T)

(Permits obtained from Governmental Agency to perform work stated above)

If they cannot be sent electronically, please contact the [Structure Access Manager](#).

By signing this Notification the Applicant agrees to the following:

AUTHORIZATION

Routing of Form – Send form and associated documents to the Application Contact shown on the [Structure Access Contact](#) list

This notification form has code embedded into it and it intended to be filled out from top to bottom and left to right in sequential order.

* indicates a required field

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- **Reset Form:** Used to clear all the information input into the form.
- ***Notification to:** Select the type of notification (Overlash or Rebuild).
- ***Applicant (Company Name):** Enter the name of the company overlashing or rebuilding (company name must match currently executed agreement).
- **Applicant Tracking #:** Enter a unique alphanumeric tracking number/phrase used by the Applicant to track the notification. It must be unique to the current notification and will be used during inquiries. Some examples of tracking numbers involve: location of request (street names), unique project numbers internal to your company, names of buildings that are being served, etc.
- ***License/SA Agreement or LSB #:** Enter the currently executed agreement # or LSB #.
- ***Agreement Type:** Select the type of agreement that you are submitting under. The agreement type can be determined by looking at the front page of your current Structure Access agreement.
- ***This notification is to Overlash/rebuild existing facilities in:** Enter the city and state where the overlash or rebuild will be located.
- **In Wire Center:** Enter the name of the wire Center for the notification. If unknown, leave blank.
- ***From and To Date:** Enter the proposed work start date and work end date.
- ***Description of Work to be Performed:** Enter a description of the proposed work to be performed associated with this notification.
- ***Applicants Occupancy Permit #:** Enter the AT&T occupancy permit number associated with the existing facility. This information is found on the original permit provided to attach the original facility.
- **Applicants Governmental Agency Permit #:** Enter the permit # provided by the governmental agency (city, state, etc.) to perform the proposed work.
- ***From and To location:** Enter at least 1 pole or manhole # and street address for where the proposed work will begin (From) and end (To). Additional routes can be shown in the lines below.
- **Authorized Applicant Representative Name:** Enter the contact name of the representative who will be performing the proposed work.
- **Authorized Applicant Representative Email:** Enter the email address of the contact person indicated above.
- **Authorized Company Name:** Enter the name of the company authorized to perform the proposed work.
- **Address of Authorized Company:** Enter the address, city, state, and zip of the company authorized to perform the proposed work.

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Information on this page will not be properly displayed until the required fields on page 1 have been populated.

- **Other Facility/Company Name:** If overlashing another company's facilities, enter company name that owns the existing facility to be overlash.
- **Other Facility/Company Approver of Overlash:** If overlashing another company's facilities, enter the name of the person approving the overlash. This person is a person who represents the company that owns the existing facility to be overlash.
- **Other Facility/Company Approver Tel #:** Enter the telephone number of the approver contact identified above.
- **Email:** Enter the email address of the approver contact identified above.
- **Date Other Facility/Company Approved Overlash:** Enter the date when the company that owns the existing facility to be overlash approved the overlash.
- ***Applicant Signature:** Signature of the applicant submitting this notification.
- ***Date:** Date of signature by the applicant.
- ***Applicant Printed Name:** Printed name of the applicant submitting this notification.
- ***Title:** Title of the applicant submitting this notification.