Notification To Overlash/Rebuild

RESET FORM

Notification to: SELECT Applicant (Company Name): _____

Applicant Tracking #: _____

License/SA Agreement or LSB #: _____

Agreement Type: SELECT

This notification is to SELECT existing facilities in _____ (City/ Municipality), SELECT (State)

In Wire Center _____ (Wire Center) from _____ (Date xx/xx/xxxx) to _____ (Date xx/xx/xxxx)

Description of Work to be performed: _____

Applicants Occupancy Permit #: _____
(original occupancy permit # obtained from AT&T)

Applicants Governmental Agency Permit #: _____
(Permits obtained from Governmental Agency to perform work stated above)

At the following locations:

From: _____ (Pole # or MH # and Street Address) To: _____ (Pole # or MH # and Street Address)

From: _____ (Pole # or MH # and Street Address) To: _____ (Pole # or MH # and Street Address)

From: _____ (Pole # or MH # and Street Address) To: _____ (Pole # or MH # and Street Address)

From: _____ (Pole # or MH # and Street Address) To: _____ (Pole # or MH # and Street Address)

From: _____ (Pole # or MH # and Street Address) To: _____ (Pole # or MH # and Street Address)

Work to be performed by:

Construction Contact Name: _____

Construction Contact Cell #: _____

Construction Contact Email: _____

Construction Company Name: _____

Address of Construction Company: _____

City: _____ State: _____ Zip: _____

PLEASE COMPLETE THE REQUIRED FIELDS ON PAGE 1 TO DISPLAY REQUIRED DOCUMENTS

If they cannot be sent electronically, please contact the Structure Access Manager.

By signing this Notification the Applicant agrees to the following:

PLEASE COMPLETE THE REQUIRED FIELDS ON PAGE 1 TO DISPLAY THE INFORMATION IN THIS SECTION

- The person whose signature appears on this document represents and warrants that he or she has authority to bind the Party on whose behalf he or she has executed this document.

- The Attaching Party shall indemnify AT&T should any of the preceding bullet points be breached.

AUTHORIZATION

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Title: _____

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

PAGE 1

- **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 overlashed.
- **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 overlashed.
- **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 overlashed 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.