|  |  |
| --- | --- |
|  TO: | **Contract Management****E-mail Address - m41654@att.com** **OR****Fax: 1-214-712-5792** |

DATE:

RE: Request for Commercial Local Wholesale Complete Extension Amendment (“Amendment”)

(“Carrier”) desires (select the option that applies):

[ ]  A signature ready Amendment

[ ]  Further discussion regarding the Amendment with an AT&T Lead Negotiator

**Fill in the *required* information below.**

***Carrier’s Notice information***:

|  |  |
| --- | --- |
|  | **CARRIER NOTICE CONTACT INFO** |
| NAME |  |
| TITLE |  |
| STREET ADDRESS |  |
| ROOM OR SUITE |  |
| CITY, STATE, ZIP CODE |  |
| E-MAIL ADDRESS  |  |
| TELEPHONE NUMBER |  |
| FACSIMILE NUMBER |  |
| STATE OF INCORPORATION |  |
| ENTITY TYPE |  |

***Signatory information***: (Person who will be responsible for signing the agreement)

|  |  |
| --- | --- |
|  | **SIGNATORY INFO** |
| NAME |  |
|  TITLE |  |
| E-MAIL ADDRESS  |  |
| TELEPHONE NUMBER |  |

Authorized Carrier Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Title:

Contact number:

Email address:

AT&T will formally reply in writing to this request.