



## ONE Burbank Dark Fiber Customer Questionnaire

1. Dark fiber connection;

From address \_\_\_\_\_ To address \_\_\_\_\_

2. Number of strands \_\_\_\_\_

3. Primary Technical Contact:

a) Name \_\_\_\_\_ Title \_\_\_\_\_

b) Phone \_\_\_\_\_ Email \_\_\_\_\_

4. Secondary Technical Contact:

a) Name \_\_\_\_\_ Title \_\_\_\_\_

b) Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Primary Billing Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

a) Address \_\_\_\_\_

b) Title \_\_\_\_\_ Email \_\_\_\_\_

6. Legal Company Name that should appear on the Agreement: \_\_\_\_\_

\_\_\_\_\_

7. Company Address: \_\_\_\_\_

8. Company Tax ID Number: \_\_\_\_\_

9. Requested "In Service" Date: \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_