UNDERGROUND DROP REFERRAL

Name: _____ **Date:** _____

Address: _____ **Town:** _____

Acct #: _____ **Phone #:** _____

Complex: _____

Nearest Cross St: _____ **2nd Cross St:** _____

Tech #: _____ **Map #:** _____ **Pole #:** _____

Complex Management Company Name: _____

Phone #: _____ **Contact Person:** _____

Residential ☐ **Commercial** ☐ **Install** ☐ **Other:** ☐

Please check the box that best descibes the reason for new drop.

☐	NO Existing drop. (New Service) Capitol 1	Has Temp	(Yes) (No)
☐	Existing RG 6/59 needs to be UPGRADED to RG11 Capitol 2	Has Temp	(Yes) (No)
☐	Existing RG 11 that needs to be REPLACED Operational 1	Has Temp	(Yes) (No)

Levels at Tap _____ **Chan 2** _____ **Chan 76** _____ **Freq 603** _____

Levels at G/B _____ **Chan 2** _____ **Chan 76** _____ **Freq 603** _____

Total Ftg _____ **Street Ftg** _____ **Driveway Ftg** _____ **Sidewalk Ftg** _____

Is There Conduit Under the Road Y N

Is There Conduit Under the Driveway Y N

Diagram

Special Instructions

Supervisor Signature **Customer Signature**

***IF ALL INFORMATION IS NOT FILLED OUT, OR FILLED OUT ILLEGIBLY, THE REQUEST WILL BE REJECTED**