UNDERGROUND DROP REFERRAL

Name: **Date:**

Address: **Town:**

Acct #: **Phone #:**

Complex:

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

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

HOA: Y N

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 Footage **Street Ftg** **Driveway Ftg** **Sidewalk Ftg**

Is There Conduit Under the Road

Is There Conduit Under the Driveway

Special Instructions

Supervisor Signature **Customer Signature**

***IF ALL INFORMATION IS NOT FILLED OUT, OR FILLED OUT ILLEGIBLY, THE REQUEST WILL BE REJECTED** **Rev 5/19/2014**