

Resource Allocation Permit

This Permit is valid for 6 months from date of issue. At the end of the 6 months the resources will become available to others.

Use additional Pages if needed

Name: _____

Date: _____

Company: _____

Tel. No.: _____

E-mail: _____

Requested completion date: _____

Door Number: _____

Resource Requested: _____

Information Required

Indicate what resource you wish to reserve (i.e. fiber, floor space, wall space) . Also include all relevant information like power requirements, BTU output of equipment, environmental parameter requirements. To scale plans of exactly where you wish to reserve must also be provided

The OT Engineer(s) will evaluate your request for availability of resources. We may ask for additional information if needed for evaluation of request.

Applicant shall review Section 3, part 7 Services prior to request and agrees to all stipulations of the permit process

BELOW THIS LINE IF FOR OT USE ONLY

Request reviewed and incompliance with OT Standards

Mr. Dwayne Abrams
PDS Administrator

_____ Date _____ Yes _____ No

Mr. Timothy A. Watson
Manager, Telecommunications

_____ Date _____ Yes _____ No

Effective Approval Date: _____

Expiration Date: _____