

Application Number _____
BA use only

Project Name/Number _____
BA use only

BELL ATLANTIC NEW ENGLAND MANHOLE BREAKOUT REQUEST

Date: _____ Customer Tracking Information _____ Collocation/CATT ID# _____

☐ Check here if this is a change from the original request. A new estimate may be required .

| | |
|------------------------------|-------------------------|
| Customer Contact Name: _____ | |
| Company Name: _____ | |
| Address: _____ | Billing Address: _____ |
| City, State, Zip: _____ | City, State, Zip: _____ |
| Telephone #: _____ | Telephone #: _____ |
| Fax #: _____ | Fax #: _____ |
| E-mail Address: _____ | E-mail address: _____ |

Please Provide Manhole Breakouts at the following locations:

| Location – Street, City, State | Manhole # | Specific Detail |
|-----------------------------------|-----------|-----------------|
| | | |
| | | |
| | | |
| | | |

NOTE* You must submit Form 1 identifying equipment housings with this form.**

☐ Check here if you have existing cable and are currently licensed for manhole occupancy.

Please be aware that before a manhole breakout can be made you must:

1. Be licensed to occupy the manhole you intend to break into.
2. Have your new conduit system in place ending within three feet of the Bell Atlantic conduit structure you wish to break into.
3. Provide Bell Atlantic with As-Built drawings prior to commencement of manhole work.
4. No Splices will be approved for Manhole zero.

Once these conditions have been met, Bell Atlantic will build its conduit to meet your newly constructed conduit.

Authorized Contact Name: _____ Authorized Contact Signature: _____

Contact Telephone #: _____ Contact E-mail Address: _____