



NEW ATTACHER REQUEST

COMPANY INFORMATION				
Company Name			Street Address and Unit No.	
City	State	Zip	Phone No. ( )	Fax No. ( )
Request Type <input type="checkbox"/> Joint Use <input type="checkbox"/> Third Party <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Utility <input type="checkbox"/> Underground		Customer Type <input type="checkbox"/> ILEC <input type="checkbox"/> CLEC <input type="checkbox"/> CATV <input type="checkbox"/> Private <input type="checkbox"/> School <input type="checkbox"/> Cell Carrier <input type="checkbox"/> Business <input type="checkbox"/> Muni <input type="checkbox"/> REC <input type="checkbox"/> Other _____		
1. What type of service are you providing?		2. What are the plans for this service?		
3. Are you a telecommunications carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. What type of documentation of status do you have? (provide the name of the certificate or other documentation from the FCC or Iowa Utilities Board/Wisconsin Public Service Communication)  Attach a copy of the certificate or documentation to this Request form when you submit it.		
5. Are you providing service on a common carriage basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. What are the build out plans in IPL/WPL service territory? (provide specific locations / poles, if possible)		
7. Are any poles transmission poles? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which entity owns them? <input type="checkbox"/> ITC <input type="checkbox"/> ATC		8. Will this require a fiber backhaul? <input type="checkbox"/> Yes <input type="checkbox"/> No

FIELD CONTACT			
Full Name (last name, first name)		Title	
Street Address and Unit No.		City	State   Zip
Primary Phone No. ( )		Email Address	

ACCOUNTS PAYABLE CONTACT (INVOICES & PAYMENTS)			
Full Name (last name, first name)		Title	
Street Address and Unit No.		City	State   Zip
Primary Phone No. ( )		Email Address	

LEGAL CONTACT (CONTRACT & NOTICES)			
Full Name (last name, first name)		Title	
Street Address and Unit No.		City	State   Zip
Primary Phone No. ( )		Email Address	

BUSINESS HOURS CONTACT (VIOLATION NOTIFICATIONS, RELOCATIONS & REPAIRS)			
Full Name (last name, first name)		Title	
Street Address and Unit No.		City	State   Zip
Primary Phone No. ( )		Email Address	

AFTER HOURS - EMERGENCY CONTACT (DOWN LINES, HAZARDS)			
Full Name (last name, first name)		Title	
Street Address and Unit No.		City	State   Zip
Primary Phone No. ( )		Email Address	

Completed By	Title	Phone No. ( )	Date
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All information on this Request form must be completed in order for a new attachment request to be processed. Email the completed form to: [JointFacilities@alliantenergy.com](mailto:JointFacilities@alliantenergy.com)