Provider Notifications Request Form

Local Wholesale Customers may receive Provider Notifications (aka Line Loss Reports) via electronic bonded method (EDI or UOM), by completing this form and submitting via email to the Connectivity Manager at: [wholesale.connectivity@ziplyfiber.com](mailto:wholesale.connectivity@ziplyfiber.com)

**NOTE:** Company OCNs must be registered for the Provider Notifications in the Customer Wholesale Portal (CWP) in order to receive the reports via bonded method.

|  |  |
| --- | --- |
| Wholesale Customer Point of Contact Information | |
| **Company Name** |  |
| **Technical Contact Name** |  |
| **Company Contact**  **Address** |  |
| **E-mail address** |  |
| **Phone** |  |
| **Fax** |  |
| **Date Submitted** |  |
| **E-Bonding Wholesale Customer Contact for the Maintenance/IP Issues** | |
| **Name** |  |
| **Email** |  |
| **Phone** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Wholesale Customer Information*(If the information is different per jurisdiction and greater than 5, please create submit multiple copies of this chart)* | | | | | |
| Jurisdiction (i.e., State) | (1) | (2) | (3) | (4) | (5) |
| **ACNA /CCNA \*** |  |  |  |  |  |
| **OCN \*** |  |  |  |  |  |

\* Required