

Cable TV Power Supply / Misc Attachment Application

ORDER TYPE: (Choose One)	New	Upgrade	Removal	
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ADD BUILDING

Service Address	_____	Service Order/Job #	_____
Town/Village/City	_____	Multi-Premise	Yes ___ No <u>X</u>
State/Zip	_____	Tax Codes	Muni ___ School ___
Bldg Description: <input checked="" type="checkbox"/> Non-Occ Structure (Temps)		Premise Details: <input checked="" type="checkbox"/> Other	

ADD SERVICE DROP

Location Type: <input checked="" type="checkbox"/> Electric-Flat	Service Type: <input checked="" type="checkbox"/> Electric	Phase/Voltage: <input checked="" type="checkbox"/> 1 ph - 120/240
Amp Draw	Operating Voltage	Service Location <input checked="" type="checkbox"/> OH
Delivery/Mtr Type <input checked="" type="checkbox"/> Flat	KWH _____	<input checked="" type="checkbox"/> UG

METER POINTS

Mtr Types (Elec) <input checked="" type="checkbox"/> Flat
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CUSTOMER DATA

(** Check Billing Address Box *or* complete required fields below if different Billing Address to be used **)

Customer Name	_____	Acct.# (needed for upgrades & removals)	_____
Billing Name	_____	Town	_____
Billing Address	_____	State/Zip	_____ Lot # _____
SIC Code Descript.# <input checked="" type="checkbox"/> 9999		Telephone #	_____

BILLING ADDRESSES

(Choose one) <input type="checkbox"/> Cablevision	<input type="checkbox"/> Media One	<input type="checkbox"/> Time Warner Cable
Accounts Payable 1111 Stewart Ave Bethpage, NY 11714	see Cablevision B/A	Accounts Payable 27 Industrial Drive Middletown, NY 10941
<input type="checkbox"/> Blue Ridge Communications	<input type="checkbox"/> Montaque Cable	<input type="checkbox"/> Matamoras Video
Accounts Payable HC6 PO Box 6035 Hawley, PA 18428	Accounts Payable PO Box 1007 Montaque, NJ 07827	see Cablevision B/A

WMS DATA

SR Codes:	REP	NY Elec Rate	<input checked="" type="checkbox"/> 802
POH TVN TVU TVR	Type NB <input checked="" type="checkbox"/> 7	Proposed Pole/Pad	
PUG CTN CTR Other _____	Service Code <input checked="" type="checkbox"/> 1	Approved by O&R	Yes No
Cross Street	Alternate Pole (assigned by O&R)		
Directions	_____		
Job # Contact Information - Name	Fax Number	_____	
work request # _____	Phone Number	_____	

shaded box = items cable company is required to complete

** please note, any changes to the BILLING ADDRESS by CATV must be sent to J.U. immediately **