



PRE-APPLICATION REQUEST FOR RECORDS

Name of Applicant / Licensee

Date of Request

Applicant Contact Person

Does Applicant have License Agreement with TDS Telecom? Yes No

Address

TDS Telecom Operating Company

City, State, ZIP

Contact Telephone Number

- (1) Does Applicant desire copies of records? Yes No
(2) Does Applicant desire appointment to meet with TDS Telecom representatives and view records? If Yes when?
(3) Describe the TDS Telecom physical plant facilities for which Applicant is desirous of viewing the records.

Applicant hereby agrees to compensate TDS Telecom for its administrative labor and material costs associated with this request.

Authorized Licensee Signature

Date

Billing Address

Printed Name

Title

City, State, Zip

Summary Invoice\*

Table with 3 columns: Description, Quantity/Rate, and Amount. Rows include Record Copies, Administrative, Engineering, Other, Sub-Total, Taxes, and Total Due from Applicant.

- Use Page 2 to provide Billing Details as Appropriate
Forward Completed Form 500 to Carrier Service Center for Billing

