

Be Certain Your “Petition” for DSL Service Counts!

1. Complete ALL information requested below.
2. Print and SIGN the form. Form must be submitted with your original signature.
3. Mail the completed form to:

Northwest Tri-County Intermediate Unit
252 Waterford Street
Edinboro, PA 16412

Why am I being asked to send this form to the Northwest Commission instead of the phone company?

Union City Pride is collaborating with the Northwest PA Regional Planning and development Commission to assist communities in completing the BFRR process. The Northwest Commission has received a grant from the PA Department of Community and Economic Development to assist communities in completing the BFRR process.

Sending the form directly to us allows us to:

1. Retain a copy to assure that no BFRR forms are lost.
2. Certify the date the form was delivered to the phone company.
3. Confirm the number of BFRR forms received from any particular community.
4. Monitor phone company compliance with the terms of the BFRR program.

If you have any questions about this process please contact W. Randy Rice at the Northwest Commission at lacey_maze@iu5.org or 814.734.5806



Bona Fide Retail Request Program

The United Telephone Company of Pennsylvania d/b/a Embarq Pennsylvania ("Embarq Pennsylvania")

Individual Written Request for Advanced Services - Bona Fide Retail Request Program

I, _____ (print name of person or entity), seek advanced services pursuant to the Bona Fide Retail request Program ("BFRR") of Embarq Pennsylvania.

Describe the advanced service requested, including requested speed of service:

_____ PA Act 183 Compliant DSL service - at minimum. 3mbps or better if available. _____

Number of lines requested: _____

Service address for each line (street address, city/town, zip code): _____

Phone number at service address: _____

Is local service at this address currently provided by Embarq Pennsylvania: _____ Y / N

Designate name (if applicable): _____

Contact address (customer or designate) (street address, city/town/ zip code): _____

Contact phone number (customer or designate): _____

Contact e-mail: _____

Please indicate your acceptance of each statement below by placing your initials in the space provided.

Initials: _____ I verify that the information provided above is true and correct to the best of my knowledge.

Initials: _____ I verify that I have the authority to sign on my behalf and /or on behalf of any entity listed above.

Initials: _____ I agree to provide a written notice and update regarding the foregoing information in the event of a change of residence or change in customer account responsibility.

Initials: _____ I understand that to be considered a Bona Fide Retail Request, Embarq Pennsylvania must receive written requests for a minimum of 50 retail access lines, or 25% of retail access lines within a community, whichever is less.

Initials: _____ I commit to subscribe to the requested advanced service for a minimum of one (1) year subject to my agreement to the Company's price and terms.

Embarq Pennsylvania will provide written confirmation of its receipt of this Individual Request For Advanced Services to the contact address indicated above. Within 30 days of receipt of a qualified BFRR (see section I. B. of Embarq Pennsylvania's Plan Description), Embarq Pennsylvania will provide notification, to the contact address indicated above, of the expected date of the availability of the service requested including rates and terms in effect at that time.

Submit this completed and signed form to:

EMBARQ, Bona Fide Retail Request Program, 240 North Third Street, Harrisburg, PA 17101

Signature of customer or authorized designate: _____ Date: _____