

Fiber Installation Agreement

Chelan—Douglas Counties

Phone: 888-8888 1-800-992-2112 Fax: 509-884-1716

341 Grant Road East Wenatchee, WA 98802

Customer Name:	_ Phone #:	Cellular #:	Rep:
I want to waive the LocalTel Installation	Fee by gett	ting a 12 month continuous	agreement.
LocalTel TRIPLE PLAY Installation \$169. CCPUD Install Fee \$100.00 (Required) DCPUD Install Fee \$150.00 (Required)	00	ocalTel SINGLE or DOUBLE PLAY Installation ith Internet \$129.00 ocalTel SINGLE or DOUBLE PLAY Installation ithout Internet \$99.00	
Wireless Internet Firewall/Router Ask us about which option is best for your needs. (Take \$25 Off with a 12 month agreement) D-Link N300 - \$55 Engenius N300 - \$55	FV \$20)	without Internet \$99.00 Ingle/Double Play Installation Up to 1-1/2 Hours of Labor for the Includes Activation Fees: Phone \$ Installation on Exterior Wood/Vin Single Story Home (see reverse for multiple Phone: Run from Fiber Box to Phone: Phone: Run from Fiber Box to Internet: Fiber Box to Internet: Fiber Box to Internet: Phone: Phone	e following items: 220, Internet \$20, TV \$20 yl Siding ulti-story) none D-mark Box est Route Cable D-mark Box e Coax Cable oute s, per Initial Order frewall/Router ute. e exterior wall to inside room
Up to 75 feet of Cat 5 Cable Exterior Surface Mounted - Simplest Route Cable TV: Run from Fiber Box to Cable D-mark I Up to 75 feet of RJ6 Solid Copper Core Coax Cable Exterior Surface Mounted - Simplest Route Initial Set-up of TV and/or 1 Set-top Box, per Initial Order Internet: Fiber Box to interior Firewall/Router Up to 75 feet of Cat 5 Cable Exterior Surface Mounted Simplest Route. Connection from Fiber Box through one exterior wall to inside 1 Surface Mounted Complete Jack Box Set-up of Firewall/Router Set-up of TWO devices. (Additional Devices - laptop, smart petc. \$10 each. See other side) 2 - 6 foot Patch Cables Configuration of 1 Computer (see other side for additional computent 1 E-mail set up) Basic Testing: TV, Phone, Internet & Firewall/Route	What is a room and the room after the room and the room after the	◆ Set-up of Firewall/Router ◆ Set-up of TWO devices. (Additional Deetc. \$10 each. See other side) ◆ 2 - 6 foot Patch Cables ◆ Configuration of 1 Computer (see other see the	evices - laptop, smart phone, side for additional computers) t & Firewall/Router al software/hardware. a TV's note Controls or other devices. or incompatible cables or cable //R's, etc. rvices and Firewall/Router made
FOR FIBER SERVICE - Installation - Cancellation I want a 12 Month Agreement: Signature: I agree that the initial term of this agreement is for 12 months fo I agree to pay an early cancellation fee of \$49.00 per service the fulfilling my 12 month agreement or my service is disconnected to agree to pay the PUD Installation Fee, if applicable, that Local ends. I do not want an Agreement: Signature: I agree that LocalTel will not be held liable for any loss of revenue, business, unde I agree that LocalTel will not be held liable for any compromise or void of siding of I understand what IS and IS NOT included with my installation. Any additional red I agree to the above Installation and Cancellation Policy. Signature: Must be signed by someone listed on the LocalTel Account	llowing activation at I have (Phone I and/or sent to confel has paid on relivered e-mails and/or any other warranties uirements that I have	-Internet-Television) if I choose to terminal ollections for failure to pay. my behalf to the PUD, if I cancel my service Print Name: prioss of bandwidth in the event of a planned and/or units on my home as a result of my installation.	nth basis thereafter. te this agreement prior to les before my agreement Date: Inplanned, full or partial outages.

Set-top Box Verification:	CPE TV 1 TV 2 TV 3 TV 4 TV 5	Model 1850 SD 3250 HD	LT Ch Map 998 998	db	C/N	Ns	db	d
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	TV 2 TV 3 TV 4 TV 5	1850 SD	998	(Conn	ected	d W	
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	TV 5	1850 SD	998	(Conn	ected	d W	
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LocalTel Ren	note:	Progran	nmed					
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		2.						
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Speedtest.nv	vi.net	Down:		Ur):			
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My installation has been completed to my satisfaction.

Signature: _____ Date: ____ Technician's Name/s: ____