



Request Form – Pennsylvania Business Attraction and Retention Program

Date: _____

Firm Name: _____

Parent Company (if applicable): _____

Customer Address (location(s) where broadband service is desired):

Street: _____

Town, City, Zip: _____

Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact Address:

Street: _____

Town, City, Zip: _____

Decision Maker Name: _____

Decision Maker Title: _____

Brief Description of Broadband/Advanced Service(s) Required: _____

Estimated Required Service Commencement Date: _____

Note: Embarq Pennsylvania may determine that some requests initiated through the BARP might be better processed through its Bona Fide Retail Request Program or referred to an Embarq representative for further review and discussion.