|  |  |
| --- | --- |
| **Replace this text with your Carrier’s name** | **Altafiber’s** simplified **LSR/NP** form to port 1-6 lines/ranges. Email form to clecorders@altafiber.com Ver 03/20/24Check PON Status at [https://services1.altafiber.com/CarrierPreOrder/](http://services1.cincinnatibell.com/CarrierPreOrder/) M-F 8-5 EST |
|  |  |
| **ADMINISTRATIVE****SECTION** | **CCNA** | **PON** | VER | ATN and/or CBTS Account Number (billing TN) | **DTSENT** |
|  |  |  |  |  |
| **DDD** | **SUP *1-cancel, 2-new DD, 3- new DD+note in RMKS*** | CHC (N for TDT) | DFDT (blank for TDT) | REQTYP | ACT | RTR | CC/NNSP | ONSP |
|  |  | N |  | CB | V | C |  | ***9348*** |
|  |
| **BILL****SECTION** |  **BAN1** | BILL NAME & ADDRESS (Street, Floor/Room, City, State, Zip; Billing Conact, Billing Number) |
| **513-Q13-9???,???** |  |
|  |
| CONTACT SECTION | **INIT** | **TEL NO** | **EMAIL***(altafiber prefers a shared email address for responses)* | FAX NO |
|  |  |  |  |
| **IMPCON (Supervisor)** | **TEL NO** | **EMAIL** | **FAX NO** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **END USER INFORMATION** | ***NAME (needs to match name on CSR)*** | SAPR | ***SANO*** | SASF | ***SASD*** |
|  |  |  |  |  |
| **SASN** (needs to match address on CSR) | **SATH** | SASS |
|  |  |  |
| SADLO | **FLOOR** | **ROOM** | **BLDG** |
|  |  |  |  |
| **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NUMBER PORTABILITY** | Item | TN or Ranges to port or disconnect | LNA: V-port, D-Disconnect | Item | TN or Ranges to port or disconnect | LNA: V-port, D-Disconnect |
| ***1*** |  | V - port | ***4*** |  |  |
| ***2*** |  |  | ***5*** |  |  |
| ***3*** |  |  | ***6*** |  |  |
|  |
| REMARKS |  |

If this is a Multi Line Account, you must specify in REMARKS if any REMAINING lines not addressed above are to be RETAINED on existing/new account or DISCONNECTED.