



Winnebago Cooperative Telecom Association – Permission to Bury Form
There is no cost or obligation to the owner for burying drop to the premise

Please return this form as soon as possible

Name: _____ Date: _____

Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Property Owner - I am the property owner of the "Physical Address" above.

I am allowing WCTA to bury a "FREE" fiber optic service line to my property. I realize that I am not obligated to take any WCTA service now or in the future.

*** A fiber optic drop is required to retain any existing WCTA service at this location ***

Please check if any of the following items are known to exist on the property.

- | | | |
|---|---|--|
| <input type="checkbox"/> Shallow septic lines | <input type="checkbox"/> "Invisible" dog fence | <input type="checkbox"/> Private lines to outbuildings |
| <input type="checkbox"/> Buried sump drain pipe | <input type="checkbox"/> Buried concrete/debris | <input type="checkbox"/> Private LP/Gas lines |
| <input type="checkbox"/> Drainage tile | <input type="checkbox"/> Septic tank | <input type="checkbox"/> Buried fuel/LP tank |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Other _____ | |

I own other properties within the project area that may be eligible for "free" drop placement.
*** Please list other property addresses on the back of this form. ***

I am declining WCTA's offer for a "FREE" fiber optic service line to my property. **I realize that by declining WCTA's current offer, I may have to pay the entire cost of fiber construction should WCTA service be desired at this location in the future by myself or any future residents. WCTA is under no obligation to offer a free fiber service drop in the future.**

Printed Name: _____ Signature: _____

****Signature required "Allowing" or "Declining" placement of WCTA Fiber drop to this location.****

Renter - I rent this property and have provided the Property Owner's information below.

Print Owner's Name: _____ Owner's Phone: _____

FOR WCTA USE ONLY Do not bury – per property owner Do not bury – unable to contact property owner

House

Tech _____ Date _____



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Filling out this form is not the final step. In the coming months, a WCTA representative will contact you regarding a visit for our technicians to determine the best fiber drop location at your premise.

Please provide information on additional service addresses – if applicable

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Comments: Please use this box to let us know of any comments or questions you may have.