

Broadband Map v5 Community and Provider Challenge Form

The Office of the Chief Information Officer ("OCIO" or "Office") recently published the Statewide Broadband Availability Map version 5 ("Map v5"). Map v5 is designed to
facilitate decisions concerning future spending under federally-funded broadband programs. Because Map v5 does not use the tiered structure envisioned by Iowa Code
chapter 8B and because future federally-funded grant opportunities made available by the Office in accordance with Map v5 will not conform to Iowa Code chapter 8B, the
map challenge process envisioned under Iowa Code section 8B.10 does not apply. However, the Office is making available a challenge process to allow public input into
whether the map accurately reflects broadband coverage as of the publication date of Map v5 (the "As Of" date of Map v5).

The Office utilizes maps and data sources made available by the Federal Communications Commission (FCC) and/or developed or produced by contractors or third parties retained or utilized by the Office. These maps and corresponding data sources represent the status of Broadband in Iowa on the As Of date as reported by Communication Service Providers in Iowa. Unlike prior broadband coverage maps, Map v5 identifies broadband coverage by individual locations, making Map v5 far more granular than prior maps that displayed eligibility at the census block level.

Challenges to Map v5 will be based on presence or reliability of service and/or speed. Challengers will be required to provide for every location challenged an address and corresponding IA Location ID, to the extent a Location ID is available on the map. Challenges without this information may not be evaluated.

Every location on Map v5 reflects a status of 'likely eligible' or 'likely ineligible.' This status is based solely on speed and technology type. The eligibility of any particular location is contingent on the requirements associated with the federal funding being used to fund future Notices of Funding Availability ("NOFAs"). Eligibility determinations are subject to change over time. In addition, eligibility designations in no way guarantee facilitation of service in the future through state- or federally-funded broadband builds.

On August 2, 2022, the Office posted the final version of Broadband Availability Map v5 and opened a 30-calendar-day challenge window wherein anyone aggrieved or adversely affected by mapping determinations may challenge the Office's final determination of whether service at a particular location is accurately reflected.

This for is for PROVIDERS and COMMUNITIES only. Resident challengers should fill out the form via the Map on the website.

You must check next to each row that you have read and understood the terms of the challenge process. Without this acknowledgment, the appeal will not be evaluated.

Use the tab titled "Challenge Form" to challenge any particular location. If you would like to report an address not presenting on the map, please use the tab titled "Location Not Present on Map." You can also use this tab to report when the location is not presenting at the correct area.

Challenger acknowledges the following (click checkbox to acknowledge):

The information on the Map may be challenged for conditions existing as of August 2, 2022 (the "As Of" date). Challenges based on changes occurring to ◀ broadband service after the As Of date will not be considered.



When submitting a challenge, evidence must be submitted for every location challenged in support of changing the likely eligible or likely ineligible status Documentation that is speculative, generalized, or vague will not be sufficient. You may use the Sworn Statement/Survey template provided. Supporting documentation must be provided in one pdf. Reference to the page number of the supporting evidence within the pdf must be noted in Challenge Form.

Challenged locations without a referenced page will not be evaluated.

The Office reserves the right to reject challenges for a variety of reasons, including but not limited to:

>> Challenges claiming buildout at a future date;

>> Challenges received reflecting incomplete information, including lacking IA Location ID;

>> Challenges received reflecting incomplete information, including evidence;

>> Challenges received after September 1, 2022;

>> Challenges received after September 1, 2022;

>> Challenges received without all checkboxes marked indicating acknowledgement of the terms.

The Office will notify affected parties by posting to the website any notice of challenge received. Final agency decisions shall become final unless within 3 day of the posting of a final decision, a challenger or person or party aggrieved or adversely affected requests a contested case proceeding pursuant to lowa Administrative Code chapter 129-6.



Broadband Map V5 Provider/Community Challenge Form

	A. CHALLENGER INFORMATION
Entity/Community Name	Muscatine Power & Water
FRN (Provider Only)	0004279154
Address	3205 Cedar St.
City	Muscatine
State	Iowa
Zip	52761
	B. DESIGNATED CONTACT INFORMATION
Contact Name	Jennifer Streck
Contact Phone Number	563-262-3219
Contact Email	jstreck@mpw.org
	C EVELANATION
· · · · · · · · · · · · · · · · · · ·	C. EXPLANATION onal explanation is required to ensure that you are communicating full and accurate information, please lain your challenge
To the extent you believe additiprovide narrative to further exp	onal explanation is required to ensure that you are communicating full and accurate information, please lain your challenge.
By signing and submitting this for and belief, the information subm	onal explanation is required to ensure that you are communicating full and accurate information, please
By signing and submitting this for and belief, the information subpensities of perjury. By typing y	onal explanation is required to ensure that you are communicating full and accurate information, please lain your challenge. D. ATTESTATION orm, the authorized representative attests that to the best of the authorized representatives knowledge mitted through this challenge form is true and accurate, and the form is signed under the pains and
By signing and submitting this for and belief, the information submitted herein.	D. ATTESTATION orm, the authorized representative attests that to the best of the authorized representatives knowledge mitted through this challenge form is true and accurate, and the form is signed under the pains and our name, you are affixing your signature to this form and attesting to the accuracy of the information

IA Location	Street Address	City	State	ZIP Code	No. of Units at address (house,	Basis for Challenge	Challenge Detail		speed in Mbps for	I lechnology Lyne	Service Conditions The Map Should Reflect				this location in a single fying the exact location	
ID					multi-residential units)				this type of service (Enter 0-2000)		Is this location served, underserved, or unserved?	Technology Type	Sworn Statement/ Survey Response	Broadband study expressly citing	Speed test at this location	Other
156755	2739 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25	3	Fixed Wireless				location		
190771	2733 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25		Fixed Wireless						
379842	2730 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25		Fixed Wireless						
417431	2735 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25		Fixed Wireless						
493106	2736 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25	3	Fixed Wireless						
570790	2731 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25		Fixed Wireless						
1132455	2737 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25	3	Fixed Wireless						
1251493	2732 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25	3	Fixed Wireless						
1305336	2734 TOWNSEND CIRCLE	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I do not facilitate service to this location	25	3	Fixed Wireless						
703231	1895 HIGHWAY 38	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I facilitate service at a slower speed than reported at this location	25	3	Fixed Wireless						ee: /IPW_fiber_forOC O.zip
844567	1885 HIGHWAY 38	MUSCATINE	IA	52761	1	5-Reported service type (e.g., wireless/FTTH) does not exist	Provider only: I facilitate service at a slower speed than reported at this location	25	3	Fixed Wireless						ee: ### APW_fiber_forOC D.zip
88598	2739 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ee: ИРW_fiber_forOC O.zip
160393	2833 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000		Fiber					se M	ee: //PW_fiber_forOC O.zip
164871	1912 ANGLE STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ee: //PW_fiber_forOC O.zip
296298	2840 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	service that I facilitate to this location	1000	500	Fiber						ee: //PW_fiber_forOC D.zip
311176	2803 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	service that I facilitate to this location	1000	500	Fiber						ΛPW_fiber_forOC O.zip ee:
379234	2848 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map 12-Provider facilitates speeds faster than	service that I facilitate to this location	1000	500	Fiber						//PW_fiber_forOC O.zip ee:
420545	2701 180TH STREET	MUSCATINE	IA	52761	1	that reported on the map 12-Provider facilitates speeds faster than	service that I facilitate to this location	1000	500	Fiber						ИРW_fiber_forOC O.zip ee:
437697	1915 NORTH MULBERRY ROAD	MUSCATINE	IA	52761	1	that reported on the map	service that I facilitate to this location	1000	500	Fiber						ИРW_fiber_forOC O.zip ee:
583353	2845 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber					IC	//PW_fiber_forOC O.zip
625292	2744 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber					M	ee: ### APW_fiber_forOC D.zip
680099	2810 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	service that I facilitate to this location	1000	500	Fiber					M	ee: //PW_fiber_forOC O.zip ee:
717261	2879 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ИPW_fiber_forOC O.zip
746406	2732 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ee: MPW_fiber_forOC O.zip
746472	601 SOUTH HOUSER STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ee: ИРW_fiber_forOC O.zip
862820	1896 NORTH MULBERRY ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber					IC	ee: //PW_fiber_forOC O.zip
892516	2761 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber					M	ee: ### APW_fiber_forOC D.zip
898578	2821 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	service that I facilitate to this location	1000	500	Fiber					IC	ee: //PW_fiber_forOC O.zip ee:
930997	2720 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	service that I facilitate to this location	1000	500	Fiber					M	APW_fiber_forOC O.zip ee:
963121	2770 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ИPW_fiber_forOC O.zip
1110917	2401 BAYFIELD ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ee: ### APW_fiber_forOC D.zip
1175273	1899 NORTH MULBERRY ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber						ee: ИРW_fiber_forOC O.zip
1277795	2799 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber					M	ee: //PW_fiber_forOC O.zip

						12-Provider facilitates speeds faster than	Provider only: The Map does not correctly reflect						see:
1352556	2552 PETTIBONE AVENUE	MUSCATINE	IA	52761	1	that reported on the map	service that I facilitate to this location	1000	500	Fiber			MPW_fiber_forOC IO.zip
1394230	1205 RIVER'S EDGE DRIVE	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber			see: MPW_fiber_forOC IO.zip
1373640	1924 NORTH MULBERRY ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Eth au			see: MPW_fiber_forOC
1463153	1790 TAYLOR AVENUE	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than		1000	500	Fiber			IO.zip see: MPW_fiber_forOC
						that reported on the map 12-Provider facilitates speeds faster than	service that I facilitate to this location Provider only: The Map does not correctly reflect	1000	500	Fiber			IO.zip see:
1464802	2795 180TH STREET	MUSCATINE	IA	52761	1	that reported on the map	service that I facilitate to this location	1000	500	Fiber			MPW_fiber_forOC IO.zip see:
1454155	2828 180TH STREET	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber			MPW_fiber_forOC
1470114	1893 NORTH ISETT AVENUE	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber			see: MPW_fiber_forOC IO.zip
127833	2305 BOX CAR ROAD	FRUITLAND	IA	52749	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber			see: MPW_fiber_forOC IO.zip
662551	2323 BOX CAR ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000		Fiber			see: MPW_fiber_forOC IO.zip
782445	2319 BOX CAR ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location						see: MPW_fiber_forOC
929956	2326 BOX CAR ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than	Provider only: The Map does not correctly reflect	1000	500	Fiber			IO.zip see: MPW_fiber_forOC
					_	that reported on the map 12-Provider facilitates speeds faster than	service that I facilitate to this location Provider only: The Map does not correctly reflect	1000	500	Fiber			IO.zip see:
1066917	2307 BOX CAR ROAD	FRUITLAND	IA	52749	1	that reported on the map	service that I facilitate to this location	1000	500	Fiber			MPW_fiber_forOC IO.zip
1155770	2321 BOX CAR ROAD	MUSCATINE	IA	52761	1	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber			MPW_fiber_forOC IO.zip
36955	2702 180TH STREET	MUSCATINE	IA	52761	2	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000	500	Fiber			see: MPW_fiber_forOC IO.zip
74127	1785 HIGHWAY 38	MUSCATINE	IA	52761	3	12-Provider facilitates speeds faster than that reported on the map	Provider only: The Map does not correctly reflect service that I facilitate to this location	1000		Fiber			see: MPW_fiber_forOC IO.zip
1243389	2209 41ST ST	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider	1000	, 300°	Tibel	Underserved (25/3 < available service Wired & Wireless	See: PDF pages 1, 2	ΙΟ.2Ιβ
1257706	2234 OAK TREE RD	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 3, 4	
1179826	2725 OGILVIE AVE	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 5, 6	
29802	2258 RIDGEVIEW DR	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider					See: PDF pages 7, 8	
994502	2560 BURLINGTON RD	LETTS	IA	52754	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				` '	See: PDF pages 9,	
30707	2259 RIDGEVIEW DR	MUSCATINE	IA	52761	1	6-Reported speed not available for	Provider or Community: I am challenging a					See: PDF pages 11,	
194699	2263 PENNY LANE	MUSCATINE	IA	52761	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a					See: PDF pages 13,	
985175	2242 WOODEN ACRES DR	MUSCATINE	IA	52761	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 15,	
			14		1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	16 See: PDF pages 17,	
619656	2232 OAK TREE RD	MUSCATINE	IA	52761	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	18 See: PDF pages 19,	
863885	17564 COUNTY RD X61	MUSCATINE	IA	52761	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	20 See: PDF pages 21,	
267012	17351 COUNTY RD G44X	LETTS	IA	52754	1	purchase (speed not offered)	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	22 See: PDF pages 23,	
1196287	2272 RIDGEVIEW DR	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	broadband provider				Underserved (25/3 < available service Wired & Wireless	24	
1036825	2265 RIDGEVIEW DR	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 25, 26	
214183	2236 DEER CREEK TRAIL	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 27, 28	
1098132	17116 COUNTY RD X61 (17138)	MUSCATINE	IA	52761	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 29, 30	
530986	2690 BURLINGTON RD	LETTS	IA	52754	1	6-Reported speed not available for purchase (speed not offered)	Provider or Community: I am challenging a broadband provider				Underserved (25/3 < available service Wired & Wireless	See: PDF pages 31,	
1015215	2262 NORTH HILLTOP COURT	MUSCATINE	IA	52761	1	6-Reported speed not available for	Provider or Community: I am challenging a				,	See: PDF pages 33,	
1357707	2656 BURLINGTON RD	LETTS	IA	52754	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a					See: PDF pages 35,	
440767	17398 COUNTY RD G44X	LETTS	IA	52754	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	36 See: PDF pages 37,	
					1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	38 See: PDF pages 39,	
832529	2253 RIDGEVIEW DR	MUSCATINE	IA	52761	1	purchase (speed not offered) 6-Reported speed not available for	broadband provider Provider or Community: I am challenging a				Underserved (25/3 < available service Wired & Wireless	40 See: PDF pages 41,	
557972	2478 BURLINGTON RD	LETTS	IA	52754	1	purchase (speed not offered)	broadband provider				Underserved (25/3 < available service Wired & Wireless	42	
			L		L	<u> </u>	1	<u> </u>		<u> </u>			

Location Challenge Form: Only Use This Form To Indicate that a Location is Not Present or Improperly Located on the Map									Upload all supporting the page number(s)	Evidening information for in the cell below io proof in th	this location in a s lentifying the exac	ingle PDF. Enter
IA Location ID (if existing)	Street Address	City	State Zip	Building Type	No. of Units at address (house, multi-residential units)		Fastest download speed in Mbps for this type of service (Enter 0-2000)	for this type of Tachnology Type	Sworn Statement/ Survey Response	Broadband study expressly citing location	Speed test at this location	Other

Street Addres	SS 2209 4 IST STREET
City, State, Zi	ip MUSCATINE, IA 52761
Date <u> </u>	ne Teresa Sprague 12 - 2022 nature Johann Sprague form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed any statement and representations made in this form are true and accurate.
	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill in the	appropriate information on the lines provided:
1. Provid	der(s) failed to schedule install within 10 days of requesting service
a.	Name of the Provider(s)
b.	Date(s) of request
	Date(s) of scheduled install
2. Provid	der(s) failed to perform install within 10 days of requesting service
a.	Name of the Provider(s)
b.	Date(s) of request
C.	Date(s) of install
3. Provid	der(s) is demanding connection charges that exceed its standard installation charge
a.	Name of the Provider(s)
b.	Standard installation charge \$
C.	Connection charge \$
4. Provid	der(s) denied my request for service
a.	Name of the Provider(s)
b.	Date(s) of request for service
C.	Why did the provider deny your request for service?
5. The re	eported service type on the Map (wireless, fiber) is not offered
a.	Provider(s) contacted
b.	Date(s) of contact

c. I contacted the provider via email/phone (circle one)

IA Location ID | 243389

6. The reported speed on the	Map is not available for purchase
a. Provider(s) contacte	ed Louisa Communications
	8-22-2022
c. I contacted the prov	ider via email / phone <mark>(circle one)</mark>
d. What speed is unav	ailable for purchase? DSL 100/20
7. I am unable to achieve spec	eds to which I'm subscribed
a. Your provider(s)	
b. What is your subscr	iption plan?Mbps /Mbps
c. What speeds are yo	u able to achieve? (Attach speed test)
iMbps /Mb	pps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)	
9. Provider(s) is demanding ad	dditional construction (satellite or fixed wireless only)
a. Name of provider(s)	
10. My service is unreliable	
a. Your provider(s)	
b. How is your service	
DO NOT RETURN THIS FORM TO	OCIO. Please return this form to the provider or community
leader that distributed it to you.	provider of community
	Officer (OCIO) reserves the right to contact the resident to his form. Please provide resident contact information below:
(563) 571-5233	Resident Phone Number
(563) 571-5233 ksprague@machlink.com	Resident Email Address

A Location ID 125 / 706
Street Address 2234 OAK TREE ROAD
City, State, Zip MUSCATINE, IA 52761
Resident Name Date 8 19 22 Resident Signature By signing this form (certify, under penalty of perjury, that I am the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.
Broadband Issue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill in the appropriate information on the lines provided:
Provider(s) failed to schedule install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of scheduled install
Provider(s) failed to perform install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of install
Provider(s) is demanding connection charges that exceed its standard installation charge
a. Name of the Provider(s)
b. Standard installation charge \$
c. Connection charge \$
4. Provider(s) denied my request for service
a. Name of the Provider(s)
b. Date(s) of request for service
c. Why did the provider deny your request for service?
5. The reported service type on the Map (wireless, fiber) is not offered
a. Provider(s) contacted
b. Date(s) of contact

c. I contacted the provider via email/phone (circle one)

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact $S/18/12$
c. I contacted the provider via email / phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s)
b. What is your subscription plan?Mbps /Mbps
c. What speeds are you able to achieve? (Attach speed test)
iMbps /Mbps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
b. Flow to your dervice unreliable:
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that distributed it to you.
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the information contained in this form. Please provide resident contact information below:
(SG3) 299 - 4573 Resident Phone Number JB Custer @ 6mail. 6m Resident Email Address
1 B CUSTER (A) Gona 1. Com Resident Fmail Address

Street A	Address	2725 OGILVIE AVENUE
City, St	ate, Zip	MUSCATINE, IA 52761
Date Reside	nt Sign	e James Rand Karen R Brown 8/1912022 ature Karen R Brown orm, I certify, under penalty of perjury, that I am the resident or business owner at the address listed my statement and representations made in this form are true and accurate.
Broadl	oand Is	sue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1.	Provid	er(s) failed to schedule install within 10 days of requesting service
		Name of the Provider(s)
		Date(s) of request
		Date(s) of scheduled install
2.		er(s) failed to perform install within 10 days of requesting service
		Name of the Provider(s)
		Date(s) of request
		Date(s) of install
3.		er(s) is demanding connection charges that exceed its standard installation charge
		Name of the Provider(s)
		Standard installation charge \$
		Connection charge \$
4.	Provid	er(s) denied my request for service
	a.	Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	eported service type on the Map (wireless, fiber) is not offered
	a.	Provider(s) contacted
	b.	Date(s) of contact

IA Location ID 1179826

c. I contacted the provider via email/phone (circle one)

6. The re	eported speed on the Map is not available for purchase
	Provider(s) contacted Louisa Communications
b.	Date(s) of contact 8/19/3011
	I contacted the provider via email / phone (circle one)
d.	What speed is unavailable for purchase? DSL 100/20
7. Iamι	nable to achieve speeds to which I'm subscribed
a.	Your provider(s)
b.	What is your subscription plan?Mbps /Mbps
C.	What speeds are you able to achieve? (Attach speed test)
i.	Mbps /Mbps ata.m./p.m. (circle one)
8. The s	gnal is not available (satellite or fixed wireless only)
a.	Name of provider(s)
9. Provid	ler(s) is demanding additional construction (satellite or fixed wireless only)
a.	Name of provider(s)
	Date(s) of contact
	rvice is unreliable
a. You	r provider(s)
	How is your service unreliable?
DO NOT RET	TURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that dis	stributed it to you.
The Office of	the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the info	rmation contained in this form. Please provide resident contact information below:
(563) 2	79 8537 Resident Phone Number
	o & hot mail acom Resident Email Address

Street Address 2258 RIVGEVIEW URIVE
City, State, Zip MUSCATINE, IA 52761
Resident Name Date 08/15/2002 Resident Signature By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.
Broadband Issue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill in the appropriate information on the lines provided:
 Provider(s) failed to schedule install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of scheduled install
2. Provider(s) failed to perform install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of install
3. Provider(s) is demanding connection charges that exceed its standard installation charge
a. Name of the Provider(s)
b. Standard installation charge \$
c. Connection charge \$
Provider(s) denied my request for service
a. Name of the Provider(s)
b. Date(s) of request for service
c. Why did the provider deny your request for service?
5. The reported service type on the Map (wireless, fiber) is not offered
a. Provider(s) contacted
b. Date(s) of contact
c. I contacted the provider via email/phone (circle one)

IA Location ID 29802

6. T	e reported speed on the Map is not available for purchase
	a. Provider(s) contacted Louisa Communications
	b. Date(s) of contact 08/15/2022
	d. What speed is unavailable for purchase? DSL 100/20
7. la	m unable to achieve speeds to which I'm subscribed
	a. Your provider(s)
	b. What is your subscription plan?Mbps /Mbps
	c. What speeds are you able to achieve? (Attach speed test)
	iMbps /Mbps ata.m./p.m. (circle one)
8. Tł	e signal is not available (satellite or fixed wireless only)
	a. Name of provider(s)
9. Pr	ovider(s) is demanding additional construction (satellite or fixed wireless only)
	a. Name of provider(s)
	b. Date(s) of contact
10. M	service is unreliable
a.	/our provider(s)
	b. How is your service unreliable?
DO NOT	PETUDNITUS FORM TO OCIO. Please return this form to the provider or community
	RETURN THIS FORM TO OCIO. Please return this form to the provider or community
leauer tria	t distributed it to you.
The Office	of the Chief Information Officer (OCIO) reserves the right to contact the resident to
	nformation contained in this form. Please provide resident contact information below:
-	·
(563	272-9072 Resident Phone Number

avizoua male yaho Resident Email Address

Street	Addres	s 2560 BURLINGTON ROAD
City, State, Zip LETTS, IA 52754		D LETTS, IA 52754
Date _ Reside	8-/ent Sign	ne Mark TeStrake le-22 pature Mal JeShill print, I certify, under penalty of perjury, that I am the resident or business owner at the address listed my statement and representations made in this form are true and accurate.
Broad	band Is	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1.		er(s) failed to schedule install within 10 days of requesting service
		Name of the Provider(s)
		Date(s) of request
_		Date(s) of scheduled install
2.		er(s) failed to perform install within 10 days of requesting service
		Name of the Provider(s)
		Date(s) of request
	C.	Date(s) of install
3.		er(s) is demanding connection charges that exceed its standard installation charge
	a.	Name of the Provider(s)
	b.	Standard installation charge \$
	C.	Connection charge \$
4.	Provid	er(s) denied my request for service
	a.	Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	ported service type on the Map (wireless, fiber) is not offered
	a.	Provider(s) contacted
	b.	Date(s) of contact
	C.	I contacted the provider via email/phone (circle one)

IA Location ID 994502

6.	The re	eported speed on the Map is not available for purchase
0.		
		Provider(s) contacted Louisa Communications
	b.	Date(s) of contact 8-15-22
	C.	I contacted the provider via email (phone)(circle one)
	d.	What speed is unavailable for purchase? DSL 100/20
7.	I am u	nable to achieve speeds to which I'm subscribed
	a.	Your provider(s)
	b.	What is your subscription plan?Mbps /Mbps
	C.	What speeds are you able to achieve? (Attach speed test)
	i.	Mbps /Mbps ata.m./p.m. (circle one)
8.	The si	gnal is not available (satellite or fixed wireless only)
	a.	Name of provider(s)
9.	Provid	er(s) is demanding additional construction (satellite or fixed wireless only)
	a.	Name of provider(s)
	b.	Date(s) of contact
10	. My se	rvice is unreliable
á	a. You	r provider(s)
	b.	How is your service unreliable?
	i i	
DO NO	OT RET	URN THIS FORM TO OCIO. Please return this form to the provider or community
eader	that dis	stributed it to you.
G.		
The O	ffice of	the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify	the info	rmation contained in this form. Please provide resident contact information below:
(563	<u>د</u> (د	260-5847 Resident Phone Number
CIAD ASSESS	Example 98700	Resident Phone Number Ke @ icloud.com Resident Email Address
Jark	Testro	Ke @ icloud . com Resident Email Address

Street Address 2259 RIDGEVIEW DRIVE
City, State, Zip MUSCATINE, IA 52761
Resident Name BOBERT W. DANTE
Date HUG. 16, 2020 July 100 V
By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed
above, and that any statement and representations made in this form are true and accurate.
Broadband Issue at your location: circle only one of the following ten issues per provider listed
and fill in the appropriate information on the lines provided:
 Provider(s) failed to schedule install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of scheduled install
Provider(s) failed to perform install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of install
3. Provider(s) is demanding connection charges that exceed its standard installation charge
a. Name of the Provider(s)
b. Standard installation charge \$
c. Connection charge \$
4. Provider(s) denied my request for service
a. Name of the Provider(s)
b. Date(s) of request for service
c. Why did the provider deny your request for service?
5. The reported service type on the Map (wireless, fiber) is not offered
a. Provider(s) contacted
b. Date(s) of contact
c. I contacted the provider via email/phone (circle one)

IA Location ID 30707

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact Av6. 16, 2022
c. I contacted the provider via email / phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s)
b. What is your subscription plan?Mbps /Mbps
c. What speeds are you able to achieve? (Attach speed test)
iMbps /Mbps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
O NOT DETUDN THE CORE TO COLO TO
OO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community
eader that distributed it to you.
The Office of the Object of the Community of the Communit
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
rerify the information contained in this form. Please provide resident contact information below:
563) 262-8392 Resident Phone Number MEAN 1. DEAN OSMAIL. Resident Email Address
MEAN 1. DEAN OGMAIL. Resident Email Address

A Location ID 194699	
Street Address 2263 PENNY LANE	
City, State, Zip MUSCATINE, IA 52761	
Resident Name MARVIN E. Smith	
Broadband Issue at your location: circle <u>only one</u> of the following ten issues per provider listed	ł
and fill in the appropriate information on the lines provided:	
Provider(s) failed to schedule install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of scheduled install	
2. Provider(s) failed to perform install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of install	
3. Provider(s) is demanding connection charges that exceed its standard installation charge	Э
a. Name of the Provider(s)	
b. Standard installation charge \$	
c. Connection charge \$	
4. Provider(s) denied my request for service	
a. Name of the Provider(s)	
b. Date(s) of request for service	
c. Why did the provider deny your request for service?	-
5. The reported service type on the Map (wireless, fiber) is not offered a. Provider(s) contacted	•
b. Date(s) of contact	
c. I contacted the provider via email/phone (circle one)	
6. I contracted the provider the children (child and)	

6. The reported speed	d on the Map is not available for purchase
	contacted Louisa Communications
	contact 8-16-22
	the provider via email /(phone circle one)
	is unavailable for purchase? DSL 100/20 No DSL
7. I am unable to achi	eve speeds to which I'm subscribed
a. Your provid	er(s)
	r subscription plan?Mbps /Mbps
c. What speed	s are you able to achieve? (Attach speed test)
	s /Mbps ata.m./p.m. (circle one)
	vailable (satellite or fixed wireless only)
	ovider(s)
	anding additional construction (satellite or fixed wireless only)
	ovider(s)
	ontact
10. My service is unreli	
-	
	service unreliable?
S. TIOW IS YOU	Scruce differable:
-	
DO NOT RETURN THIS F	ORM TO OCIO. Please return this form to the provider or community
eader that distributed it to	you.
The Office of the Chief Info	rmation Officer (OCIO) reserves the right to contact the resident to
verify the information conta	ined in this form. Please provide resident contact information below:
563 , 554-4998	Resident Phone Number
11 01000	

A Location ID 985175
treet Address 2242 Wooden Acres Dr
city, State, Zip MUSCATINE, IA 52761
Resident Name Sam Bennett Pate 8-18-22 Resident Signature By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed bove, and that any statement and representations made in this form are true and accurate. Broadband Issue at your location: circle only one of the following ten issues per provider listed.
and fill in the appropriate information on the lines provided:
Provider(s) failed to schedule install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of scheduled install
2. Provider(s) failed to perform install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of install
Provider(s) is demanding connection charges that exceed its standard installation charge
a. Name of the Provider(s)
b. Standard installation charge \$
c. Connection charge \$
Provider(s) denied my request for service
a. Name of the Provider(s)
b. Date(s) of request for service
c. Why did the provider deny your request for service?
5. The reported service type on the Map (wireless, fiber) is not offered
a. Provider(s) contacted
b. Date(s) of contact

c. I contacted the provider via email/phone (circle one)

	9 9
1. The repo	orted speed on the Map is not available for purchase
	Provider(s) contacted Louisa Communications
b. C	Pate(s) of contact 8-18-22
c. I	contacted the provider via email phone (circle one)
d. V	What speed is unavailable for purchase? DSL 100/20
2. I am una	ble to achieve speeds to which I'm subscribed
a. Y	our provider(s)
b. V	Vhat is your subscription plan?Mbps /Mbps
c. V	Vhat speeds are you able to achieve? (Attach speed test)
	Mbps /Mbps ata.m./p.m. (circle one)
3. The sign	al is not available (satellite or fixed wireless only)
a. N	lame of provider(s)
	(s) is demanding additional construction (satellite or fixed wireless only)
	lame of provider(s)
	Pate(s) of contact
	ce is unreliable
-	rovider(s)
	low is your service unreliable?
2 . 11	ow to your dorvice difficulties:
-	
DO NOT RETUR	RN THIS FORM TO OCIO. Please return this form to the provider or community
eader that distri	
	2
The Office of the	Chief Information Officer (OCIO) reserves the right to contact the resident to
	ation contained in this form. Please provide resident contact information below:
.,	
303) 775-	S615 Resident Phone Number
0. u . L.	Resident Phone Number ## Whofmail.com Resident Email Address
Dam- C-DOM	Resident Email Address

IA Loca	ation ID	619656
Street	reet Address 2232 OAK TREE ROAD	
City, State, Zip		MUSCATINE, IA 52761
By signi	ng this f	ne Dawn Beckley Lature Dawn Beckley corm, I certify, under penalty of perjury, that I am the resident or business owner at the address listed any statement and representations made in this form are true and accurate.
Broad	band Is	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1.	Provid	er(s) failed to schedule install within 10 days of requesting service
	a.	Name of the Provider(s)
	b.	Date(s) of request
	C.	Date(s) of scheduled install
2.	Provid	er(s) failed to perform install within 10 days of requesting service
	a.	Name of the Provider(s)
	b.	Date(s) of request
	C.	Date(s) of install
3.	Provid	er(s) is demanding connection charges that exceed its standard installation charge
	a.	Name of the Provider(s)
	b.	Standard installation charge \$
	C.	Connection charge \$
4.	Provid	er(s) denied my request for service
	a.	Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	ported service type on the Map (wireless, fiber) is not offered
	a.	Provider(s) contacted
	b.	Date(s) of contact

c. I contacted the provider via email/phone (circle one)

	47
6. The reported speed on the Map is not available for purchase	
a. Provider(s) contacted Louisa Communications	
b. Date(s) of contact 8/16/2022	
c. I contacted the provider via email / phone (circle one)	
d. What speed is unavailable for purchase? DSL 100/20	
7. I am unable to achieve speeds to which I'm subscribed	
a. Your provider(s)	
b. What is your subscription plan?Mbps /Mbps	
c. What speeds are you able to achieve? (Attach speed test)	
iMbps /Mbps ata.m./p.m. (circle one)	
8. The signal is not available (satellite or fixed wireless only)	
a. Name of provider(s)	=
9. Provider(s) is demanding additional construction (satellite or fixed wi	reless only)
a. Name of provider(s)	-: -:
b. Date(s) of contact	
10. My service is unreliable	
a. Your provider(s)	
b. How is your service unreliable?	
·	
- In	
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the pro	vider or community
leader that distributed it to you.	
The Office of the Chief Information Officer (OCIO) reserves the right to conta	act the resident to
verify the information contained in this form. Please provide resident contact	t information below,
ECO NO ATE O	
(260) 2/3 K Resident Phone Number	
Resident Phone Number Acheckle@aol.com Resident Email Address	

IA Location ID 863885	
Street Address 17564 COUNTY ROAD X61	
City, State, Zip MUSCATINE, IA 52761	
Resident Name Date Date Signature By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.	
Broadband Issue at your location: circle only one of the following ten issues per provider listed	
and fill in the appropriate information on the lines provided:	
Provider(s) failed to schedule install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of scheduled install	
2. Provider(s) failed to perform install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of install	
3. Provider(s) is demanding connection charges that exceed its standard installation charge	
a. Name of the Provider(s)	
b. Standard installation charge \$	
c. Connection charge \$	
4. Provider(s) denied my request for service	
a. Name of the Provider(s)	
b. Date(s) of request for service	
c. Why did the provider deny your request for service?	
5. The reported service type on the Map (wireless, fiber) is not offered	
a. Provider(s) contacted	
b. Date(s) of contact	
c. I contacted the provider via email/phone (circle one)	

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact 8-10-22
c. I contacted the provider via email / phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s)
b. What is your subscription plan?Mbps /Mbps
c. What speeds are you able to achieve? (Attach speed test)
iMbps /Mbps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community leader that distributed it to you.
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to verify the information contained in this form. Please provide resident contact information below:
Resident Phone Number Resident Email Address

Street Address 17351 COUNTY ROAD G44X	
City, State, Zip LETTS, IA 52754	
Resident Name Steve Dugan Date 8-18-22 Resident Signature By signing this form, I certify, under penalty of perjury, that any the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.	<u>-</u>
Broadband Issue at your location : circle <u>only one</u> of the following ten issues per provider liste	b
and fill in the appropriate information on the lines provided:	
Provider(s) failed to schedule install within 10 days of requesting service a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of scheduled install	
2. Provider(s) failed to perform install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of install	
3. Provider(s) is demanding connection charges that exceed its standard installation charg	Э
a. Name of the Provider(s)	
b. Standard installation charge \$	
c. Connection charge \$	
4. Provider(s) denied my request for service	
a. Name of the Provider(s)	
b. Date(s) of request for service	
c. Why did the provider deny your request for service?	6
5. The reported service type on the Map (wireless, fiber) is not offered	-
a. Provider(s) contacted	
b. Date(s) of contact	
c. I contacted the provider via email/phone (circle one)	

IA Location ID 267012

en se continue
6. The reported speed on the Map is not a a. Provider(s) contacted Louisa b. Date(s) of contact b. Date(s) of contact c. Louisated the provider via email (n)
a. Provider(s) contacted Louisa
b. Date(s) of contact 8-15-22 em.
c. I contacted the provider via email (pl
d. What speed is unavailable for purchas
7. I am unable to achieve speeds to which I'm s
a. Your provider(s)
b. What is your subscription plan?
c. What speeds are you able to achiev <mark>.</mark>
iMbps /Mbps ata.m./ <mark>p 、</mark>
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that distributed it to you.
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the information contained in this form. Please provide resident contact information below:
(<u>563</u>) <u>554 - 3615</u> Resident Phone Number
(563) 554-3615 Resident Phone Number duggans 548gmil. ComResident Email Address
*OCIO may disregard the information contained in this form if the Office is unable to contact the
resident using the contact information provided above.

IA Location ID 1196287
Street Address 2272 RIDGEVIEW DRIVE
City, State, Zip MUSCATINE, IA 52761
Resident Name Tom TLinda Streger Date 8-10-2012 Resident Signature By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.
Broadband Issue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill in the appropriate information on the lines provided:
Provider(s) failed to schedule install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of scheduled install
Provider(s) failed to perform install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of install
3. Provider(s) is demanding connection charges that exceed its standard installation charge
a. Name of the Provider(s)
b. Standard installation charge \$
c. Connection charge \$
Provider(s) denied my request for service
a. Name of the Provider(s)
b. Date(s) of request for service
c. Why did the provider deny your request for service?
5. The reported service type on the Map (wireless, fiber) is not offered
a. Provider(s) contacted
b. Date(s) of contact
c I contacted the provider via email/phone (circle one)

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact 8-16-2022
c. I contacted the provider via email / phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s)
b. What is your subscription plan?Mbps /Mbps
c. What speeds are you able to achieve? (Attach speed test)
iMbps /Mbps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that distributed it to you.
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the information contained in this form. Please provide resident contact information below:
512 210 2695
Resident Phone Number
20bird watchers ogman, Resident Phone Number Resident Email Address

IA Location ID 1036825
Street Address 2265 RIDGEVIEW DRIVE
City, State, Zip MUSCATINE, IA 52761
Resident Name Date Prof 2022 Resident Signature Prof 2022 Prof 2022
Broadband Issue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill in the appropriate information on the lines provided:
1. Provider(s) failed to schedule install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of scheduled install
2. Provider(s) failed to perform install within 10 days of requesting service
a. Name of the Provider(s)
b. Date(s) of request
c. Date(s) of install
3. Provider(s) is demanding connection charges that exceed its standard installation charge
a. Name of the Provider(s)
b. Standard installation charge \$
c. Connection charge \$
4. Provider(s) denied my request for service
a. Name of the Provider(s)
b. Date(s) of request for service
c. Why did the provider deny your request for service?
5. The reported service type on the Map (wireless, fiber) is not offered
a. Provider(s) contacted
b. Date(s) of contact
c. I contacted the provider via email/phone (circle one)

6. The re	eported speed on the Map is not available for purchase
a .	Provider(s) contacted Louisa Communications
b.	Date(s) of contact
	contacted the provider via email / phone (circle one)
d.	What speed is unavailable for purchase? DSL 100/20
7. Iamu	ınable to achieve speeds to which I'm subscribed
a.	Your provider(s)
b.	What is your subscription plan?Mbps /Mbps
C.	What speeds are you able to achieve? (Attach speed test)
i.	Mbps /Mbps ata.m./p.m. (circle one)
8. The si	gnal is not available (satellite or fixed wireless only)
a.	Name of provider(s)
9. Provid	ler(s) is demanding additional construction (satellite or fixed wireless only)
a.	Name of provider(s)
b.	Date(s) of contact
-	rvice is unreliable
a. You	r provider(s)
b.	How is your service unreliable?
OO NOT RET	URN THIS FORM TO OCIO. Please return this form to the provider or community
	stributed it to you.
out of	in balea it to you.
The Office of t	the Chief Information Officer (OCIO) reserves the right to contact the resident to
	rmation contained in this form. Please provide resident contact information below:
<u>563) 2</u>	299-4625 Resident Phone Number
inda wilsi	Resident Phone Number 299-4625 Resident Phone Number Resident Email Address

IA Loca	ation ID	2 4 83
Street	Addres	2236 DEER TRAIL ROAD
		MUSCATINE, IA 52761
		= 1 Olymph
Reside	nt Nam	e Jason Calvert
Date _	08/	16/2022 ature
1 (COIGC	ant Olgin	ature arm, Leertify, under penalty of perjury, that I am the resident or business owner at the address listed
above, a	nd that a	ny statement and representations made in this form are true and accurate.
Broad	band Is	sue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1	Provid	er(s) failed to schedule install within 10 days of requesting service
١.		Name of the Provider(s)
		Date(s) of request
		Date(s) of scheduled install
2		er(s) failed to perform install within 10 days of requesting service
۷.		Name of the Provider(s)
		Date(s) of request
2		Date(s) of installer(s) is demanding connection charges that exceed its standard installation charge
3.		Name of the Provider(s)
		Standard installation charge \$
4		Connection charge \$er(s) denied my request for service
4.		Name of the Provider(s)
	a. b.	Date(s) of request for service
		Why did the provider deny your request for service?
	C.	vviiy did the provider delify your request for service:
(F	Tho ro	ported service type on the Map (wireless) fiber) is not offered
(3)	1	Provider(s) contacted MPW
		-01 1000
		I contacted the provider via email/phone circle one)
	C.	Tourisacied the provider via email priorie (circle one)

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact 07/01/2022 c. I contacted the provider via email K phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s) <u>Century</u> Link
b. What is your subscription plan? 40 Mbps / 10 Mbps
c. What speeds are you able to achieve? (Attach speed test)
i. 20 Mbps / 4 Mbps at 5 a.m.(p.m) (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that distributed it to you.
5
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the information contained in this form. Please provide resident contact information below:
(565) 450~4613 Resident Phone Number
Resident Phone Number Jealvert 18 @gmail Resident Email Address

IA Loca	ation ID	1098133 17138
Street	Addres	S 17NG COUNTY ROAD XG1
City S	tate Zil	MUSCATINE, IA 52761
Oity, O	tato, En	
Reside	ent Nam	e Zach Boots
	_	2/9099
		ature Zu. San
By sign	ing this fo	orm, Leertify, under penalty of perjury, that I am the resident or business owner at the address listed in statement and representations made in this form are true and accurate.
Broad	band Is	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1	Provid	er(s) failed to schedule install within 10 days of requesting service
'.		Name of the Provider(s)
		Date(s) of request
		Date(s) of scheduled install
2.		er(s) failed to perform install within 10 days of requesting service
4.		Name of the Provider(s)
		Date(s) of request
		Date(s) of install
3.		ler(s) is demanding connection charges that exceed its standard installation charge
•		Name of the Provider(s)
		Standard installation charge \$
		Connection charge \$
4.		ler(s) denied my request for service
		Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	eported service type on the Map (wireless, fiber) is not offered
	a.	Provider(s) contacted
	h	Date(s) of contact

c. I contacted the provider via email/phone (circle one)

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact 8/15/2022
c. I contacted the provider via email / phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s)
b. What is your subscription plan?Mbps /Mbps
c. What speeds are you able to achieve? (Attach speed test)
iMbps /Mbps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
DO NOT PETUPN THIS FORM TO OCIO Planes waters this forms to the
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that distributed it to you.
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the information contained in this form. Please provide resident contact information below:
we will all the remainded in this form. I leaded provide resident contact information below.
Sesident Phone Number
Resident Email Address
*OCIO may disregard the information contained in this form if the Office is unable to contact the
Coro may disregard the information contained in this form if the Office is unable to contact the

Street Address	2690 BURLINGTON ROAD
City, State, Zip	LETTS, 1A 52754
Date 2 1 1 S Resident Signa By signing this fo	Rodd McNeal Alabaman Rodd McNeal ature Rodd McNeal orm, I certify, under penalty of perjury, that I am the resident or business owner at the address listed by statement and representations made in this form are true and accurate.
Broadband Is	sue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill in the a	ppropriate information on the lines provided:
a. b. c. 2. Provide a. b. c. 3. Provide a. b.	Per(s) failed to schedule install within 10 days of requesting service Name of the Provider(s) Date(s) of request Date(s) of scheduled install Per(s) failed to perform install within 10 days of requesting service Name of the Provider(s) Date(s) of request Date(s) of install Per(s) is demanding connection charges that exceed its standard installation charges Name of the Provider(s) Standard installation charge \$ Connection charge \$
4. Provide a. b.	Per(s) denied my request for service Name of the Provider(s) Date(s) of request for service Why did the provider deny your request for service?
5. The repa. b. c.	ported service type on the Map (wireless, (fiber) is not offered Provider(s) contacted Lowisa Communications Date(s) of contact 8 115122 I contacted the provider via email phone (circle one)

6. The reported speed on the Map is not available for purchase
a. Provider(s) contacted Louisa Communications
b. Date(s) of contact 8 15 2
c. I contacted the provider via email / phone (circle one)
d. What speed is unavailable for purchase? DSL 100/20
7. I am unable to achieve speeds to which I'm subscribed
a. Your provider(s)
b. What is your subscription plan?Mbps /Mbps
c. What speeds are you able to achieve? (Attach speed test)
iMbps /Mbps ata.m./p.m. (circle one)
8. The signal is not available (satellite or fixed wireless only)
a. Name of provider(s)
9. Provider(s) is demanding additional construction (satellite or fixed wireless only)
a. Name of provider(s)
b. Date(s) of contact
10. My service is unreliable
a. Your provider(s)
b. How is your service unreliable?
-
DO NOT RETURN THIS FORM TO OCIO. Please return this form to the provider or community eader that distributed it to you.
The Office of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the information contained in this form. Please provide resident contact information below:
Resident Phone Number ROKAJE@muscant Resident Email Address
ROKAJE@muscant Resident Email Address

Street	Addres	S 2262 NORTH HILLTOP COURT
City, S	ate, Zi	P MUSCATINE, IA 52761
Resident Name Dewn 15 Dick Date Aug 22 Resident Signature By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.		
Broadl	oand Is	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1.	Provid	er(s) failed to schedule install within 10 days of requesting service
		Name of the Provider(s)
		Date(s) of request
		Date(s) of scheduled install
2.	Provid	er(s) failed to perform install within 10 days of requesting service
	a.	Name of the Provider(s)
		Date(s) of request
	C.	Date(s) of install
3.	Provid	er(s) is demanding connection charges that exceed its standard installation charge
	a.	Name of the Provider(s)
	b.	Standard installation charge \$
	C.	Connection charge \$
4.	Provid	er(s) denied my request for service
	a.	Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	ported service type on the Map (wireless, fiber) is not offered
0.		Provider(s) contacted
		Date(s) of contact

c. I contacted the provider via email/phone (circle one)

6. Te re	ported speed on the Map is not available for purchase
a.	Provider(s) contacted Louisa Communications
	Date(s) of contact Aug 27 2027
C.	I contacted the provider via email / phone (circle one)
d.	What speed is unavailable for purchase? DSL 100/20
(7.) I am u	nable to achieve speeds to which I'm subscribed
	Your provider(s)
b.	What is your subscription plan?Mbps /Mbps
C.	What speeds are you able to achieve? (Attach speed test)
j.	Mbps /Mbps ata.m./p.m. (circle one)
8. The si	gnal is not available (satellite or fixed wireless only)
_	Name of provider(s)
9. Provid	er(s) is demanding additional construction (satellite or fixed wireless only)
a.	Name of provider(s)
b.	Date(s) of contact
10. My se	rvice is unreliable
a. You	r provider(s)
b.	How is your service unreliable?
:	
	TURN THIS FORM TO OCIO. Please return this form to the provider or community
leader that dis	stributed it to you.
The Office of	
	the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the into	rmation contained in this form. Please provide resident contact information below:
(563) 2	Resident Phone Number
ddick 7	3 Qhotona, L Resident Email Address

Street Address 2656 BURLINGTON ROAD	
City, State, Zip LETTS, IA 52754	
	1
Resident Name Joe Harr.'S	
Date 8/22/22 Resident Signature A Am	000
Resident Signature # ##	
By signing this form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed above, and that any statement and representations made in this form are true and accurate.	
Broadband Issue at your location: circle <u>only one</u> of the following ten issues per provider listed	
and fill in the appropriate information on the lines provided:	
1. Provider(s) failed to schedule install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of scheduled install	
2. Provider(s) failed to perform install within 10 days of requesting service	
a. Name of the Provider(s)	
b. Date(s) of request	
c. Date(s) of install	
3. Provider(s) is demanding connection charges that exceed its standard installation charge	
a. Name of the Provider(s)	
b. Standard installation charge \$	
c. Connection charge \$	
4. Provider(s) denied my request for service	1
a. Name of the Provider(s) b. Date(s) of request for service	
b. Date(s) of request for service	
c. Why did the provider deny your request for service?	
And Market Marke	
5. The reported service type on the Map (wireless, fiber) is not offered	
a. Provider(s) contacted	
b. Date(s) of contact	
c. I contacted the provider via email/phone (circle one)	
26	

6. T	e reported speed on the Map is not available for purchase
	a. Provider(s) contacted Leuise Company is not available for purchase
	LUMISA COMMUNICATIONS
	b. Date(s) of contact 8/22/22
	c. I contacted the provider via email / phone circle one)
	d. What speed is unavailable for purchase? DSL 100/20
7. 18	am unable to achieve speeds to which I'm subscribed
	a. Your provider(s)
	b. What is your subscription plan?Mbps /Mbps
	c. What speeds are you able to achieve? (Attach speed test)
	iMbps /Mbps ata.m./p.m. (circle one)
8. 7	The signal is not available (satellite or fixed wireless only)
	a. Name of provider(s)
9. F	Provider(s) is demanding additional construction (satellite or fixed wireless only)
	a. Name of provider(s)
	b. Date(s) of contact
10. M	ly service is unreliable
a.	Your provider(s)
	b. How is your service unreliable?
	RETURN THIS FORM TO OCIO. Please return this form to the provider or community
ader tha	at distributed if to you.
e Office	of the Chief Information Officer (OCIO) reserves the right to contact the resident to

verify the information contained in this form. Please provide resident contact information below:

(563) 260 - C495 Resident Phone Number

Joe Hav (:5 194309mail. President Email Address

IA Location ID) 44 0767
Street Addres	SS 17398 COUNTY ROAD GA4X
City, State, Zi	ip LETTS, IA 52754
By signing this f	ne Troy Pugh A/22 nature My Pugh form, I certify, under penalty of perjury, that I am the resident or business owner at the address listed any statement and representations made in this form are true and accurate.
Broadband I	ssue at your location : circle <u>only one</u> of the following ten issues per provider listed
and fill in the	appropriate information on the lines provided:
1. Provid	der(s) failed to schedule install within 10 days of requesting service
a.	Name of the Provider(s)
b.	Date(s) of request
C.	Date(s) of scheduled install
2. Provid	der(s) failed to perform install within 10 days of requesting service
a.	Name of the Provider(s)
b.	Date(s) of request
C.	Date(s) of install
3. Provid	der(s) is demanding connection charges that exceed its standard installation charge
a.	Name of the Provider(s)
b.	Standard installation charge \$
C.	Connection charge \$
4. Provid	der(s) denied my request for service
a.	Name of the Provider(s)
b.	Date(s) of request for service
c.	Why did the provider deny your request for service?
5. The re	eported service type on the Map (wireless, fiber) is not offered
a.	Provider(s) contacted
b.	Date(s) of contact

c. I contacted the provider via email/phone (circle one)

6.		ported speed on the Map is not available for purchase
		Provider(s) contacted Louisa Communications
	b.	Date(s) of contact $8/(9/2022$
	C.	I contacted the provider via email / phone (circle one)
	d.	What speed is unavailable for purchase? DSL 100/20
7.	l am u	nable to achieve speeds to which I'm subscribed
	a.	Your provider(s)
	b.	What is your subscription plan?Mbps /Mbps
	C.	What speeds are you able to achieve? (Attach speed test)
	i.	Mbps /Mbps ata.m./p.m. (circle one)
8.	The si	gnal is not available (satellite or fixed wireless only)
	a.	Name of provider(s)
9. I		er(s) is demanding additional construction (satellite or fixed wireless only)
	a.	Name of provider(s)
		Date(s) of contact
10. i		vice is unreliable
	•	provider(s)
		How is your service unreliable?
		There is your control and chapte.
	92	
	12	
DO NO	T RET	URN THIS FORM TO OCIO. Please return this form to the provider or community
		tributed it to you.
The Offi	ce of t	he Chief Information Officer (OCIO) reserves the right to contact the resident to
verify th	e infor	mation contained in this form. Please provide resident contact information below:
(319	_) _/:	L9 - 2139 Resident Phone Number
tlpng	9425	Resident Phone Number Resident Email Address

Street	Addres	s 2253 RIDGEVIEW DRIVE
City, St	tate, Zi _l	MUSCATINE, IA 52761
Reside	ill Sign	ature 23 Spray Spr
above, a	nd that a	ny statement and representations made in this form are true and accurate.
Broad	band Is	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1.		er(s) failed to schedule install within 10 days of requesting service
		Name of the Provider(s)
		Date(s) of request
		Date(s) of scheduled install
2.		er(s) failed to perform install within 10 days of requesting service
		Name of the Provider(s)
	b.	Date(s) of request
	C.	Date(s) of install
3.		er(s) is demanding connection charges that exceed its standard installation charge
	a.	Name of the Provider(s)
	b.	Standard installation charge \$
	C.	Connection charge \$
4.	Provid	er(s) denied my request for service
	a.	Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	ported service type on the Map (wireless, fiber) is not offered
	a.	Provider(s) contacted
	b.	Date(s) of contact
	C.	I contacted the provider via email/phone (circle one)

6.	T e re	eported speed on the Map is not available for purchase
		Provider(s) contacted Louisa Communications
		Date(s) of contact August 18, 2022
		I contacted the provider via email / phone (circle one)
	d.	What speed is unavailable for purchase? DSL 100/20
7.	I am u	nable to achieve speeds to which I'm subscribed
	a.	Your provider(s)
	b.	What is your subscription plan?Mbps /Mbps
	C.	What speeds are you able to achieve? (Attach speed test)
	i.	Mbps /Mbps ata.m./p.m. (circle one)
8.	The si	gnal is not available (satellite or fixed wireless only)
	a.	Name of provider(s)
9.	Provid	ler(s) is demanding additional construction (satellite or fixed wireless only)
	a.	Name of provider(s)
	b.	Date(s) of contact
	•	rvice is unreliable
a	a. You	r provider(s)
	b.	How is your service unreliable?
00 NC	T RET	URN THIS FORM TO OCIO. Please return this form to the provider or community
		stributed it to you.
Γhe Of	fice of	the Chief Information Officer (OCIO) reserves the right to contact the resident to
erify t	he info	rmation contained in this form. Please provide resident contact information below;
<u>513</u>		Resident Phone Number Le & Grand, Com Resident Email Address
SRCI	9We	Le e 9 mu, l. com Resident Email Address

IA Loc	ation ID	557972
Street	Addres	s 2478 BURLINGTON ROAD
City, S	tate, Zi _l	LETTS, IA 52754
Date _ Reside	8 \22 ent Sign ing this f	ature Corm, I certify, under penalty of perjury, that I am the resident or business owner at the address listed my statement and representations made in this form are true and accurate.
Broad	band Is	ssue at your location: circle <u>only one</u> of the following ten issues per provider listed
and fill	in the a	appropriate information on the lines provided:
1.	Provid	er(s) failed to schedule install within 10 days of requesting service
	a.	Name of the Provider(s)
		Date(s) of request
		Date(s) of scheduled install
2.	Provid	er(s) failed to perform install within 10 days of requesting service
	a.	Name of the Provider(s)
	b.	Date(s) of request
	C.	Date(s) of install
3.	Provid	er(s) is demanding connection charges that exceed its standard installation charge
	a.	Name of the Provider(s)
	b.	Standard installation charge \$
	C.	Connection charge \$
4.	Provid	er(s) denied my request for service
	a.	Name of the Provider(s)
	b.	Date(s) of request for service
	C.	Why did the provider deny your request for service?
5.	The re	ported service type on the Map (wireless, fiber) is not offered
	a.	Provider(s) contacted
	b.	Date(s) of contact

c. I contacted the provider via email/phone (circle one)

6. T	e reported speed on the Map is not available for purchase
	a. Provider(s) contacted Louisa Communications
	b. Date(s) of contact 8 22 2022
	c. I contacted the provider via email of phone (circle one)
	d. What speed is unavailable for purchase? DSL 100/20
7. la	am unable to achieve speeds to which I'm subscribed
	a. Your provider(s)
	b. What is your subscription plan?Mbps /Mbps
	c. What speeds are you able to achieve? (Attach speed test)
	iMbps /Mbps ata.m./p.m. (circle one)
8. Th	ne signal is not available (satellite or fixed wireless only)
	a. Name of provider(s)
9. Pr	ovider(s) is demanding additional construction (satellite or fixed wireless only)
	a. Name of provider(s)
	b. Date(s) of contact
10. M	y service is unreliable
a.	Your provider(s)
	b. How is your service unreliable?
	RETURN THIS FORM TO OCIO. Please return this form to the provider or community at distributed it to you.
The Office	e of the Chief Information Officer (OCIO) reserves the right to contact the resident to
verify the	information contained in this form. Please provide resident contact information below:
(563)	Resident Phone Number
Kerns	apot anotomail. comResident Email Address