

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 form 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.

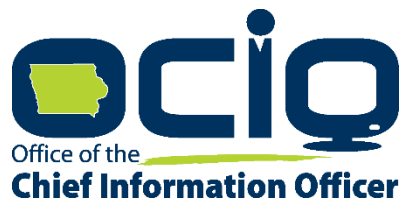
Use the tab titled "Challenge Form" to challenge any particular location. If you would like to report an address not presenting on the map, please use the tab titled "Location Not Present on Map." You can also use this tab to report when the location is not presenting at the correct area.

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.



<p>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.</p>		
<p>The Office reserves the right to reject challenges for a variety of reasons, including but not limited to:</p> <ul style="list-style-type: none"> >> Challenges claiming buildout at a future date; >> Challenges received reflecting incomplete information, including lacking IA Location ID; >> Challenges to a provider's service that are submitted without supporting evidence; >> Multiple challenge forms submitted by a provider or a community; >> Challenges received after September 1, 2022; >> Challenges received without all checkboxes marked indicating acknowledgement of the terms. 		
<p>The Office will notify affected parties by posting to the website any notice of challenge received. Final agency decisions shall become final unless within 30 days of the posting of a final decision, a challenger or person or party aggrieved or adversely affected requests a contested case proceeding pursuant to Iowa Administrative Code chapter 129-6.</p>		



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. EXPLANATION	
To the extent you believe additional explanation is required to ensure that you are communicating full and accurate information, please provide narrative to further explain your challenge.	

D. ATTESTATION	
By signing and submitting this form, the authorized representative attests that to the best of the authorized representatives knowledge and belief, the information submitted through this challenge form is true and accurate, and the form is signed under the pains and penalties of perjury. By typing your name, you are affixing your signature to this form and attesting to the accuracy of the information submitted herein.	
Authorized Signature:	Erika Cox
Title:	Director, Customer & Technology Experience
Date:	8/31/2022

IA Location ID	Street Address	City	State	ZIP Code	No. of Units at address (house, multi-residential units)	Basis for Challenge	Challenge Detail	Fastest download speed in Mbps for this type of service (Enter 0-2000)	Fastest upload speed in Mbps for this type of service (Enter 0-2000)	Technology Type	Service Conditions The Map Should Reflect		Evidence: Upload all supporting information for this location in a single PDF. Enter the page number(s) in the cell below identifying the exact location of the proof in the PDF.			
											Is this location served, underserved, or unserved?	Technology Type	Sworn Statement/ Survey Response	Broadband study expressly citing location	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						
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	3	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	3	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	3	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	3	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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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	500	Fiber						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.zip
296298	2840 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						see: MPW_fiber_forOC IO.zip
311176	2803 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						see: MPW_fiber_forOC IO.zip
379234	2848 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						see: MPW_fiber_forOC IO.zip
420545	2701 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						see: MPW_fiber_forOC IO.zip
437697	1915 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						see: MPW_fiber_forOC IO.zip
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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.zip
680099	2810 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						see: MPW_fiber_forOC IO.zip
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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.zip
898578	2821 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						see: MPW_fiber_forOC IO.zip
930997	2720 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						see: MPW_fiber_forOC IO.zip
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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.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						see: MPW_fiber_forOC IO.zip

1352556	2552 PETTIBONE 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	
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	Fiber						see: MPW_fiber_forOC IO.zip	
1463153	1790 TAYLOR 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	
1464802	2795 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						see: MPW_fiber_forOC IO.zip	
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						see: MPW_fiber_forOC IO.zip	
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	500	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	1000	500	Fiber						see: MPW_fiber_forOC IO.zip	
929956	2326 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						see: MPW_fiber_forOC IO.zip	
1066917	2307 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	
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						see: 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	500	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				Underserved (25/3 < available service)	Wired & Wireless	See: PDF pages 1, 2				
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				Underserved (25/3 < available service)	Wired & Wireless	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				Underserved (25/3 < available service)	Wired & Wireless	See: PDF pages 9, 10				
30707	2259 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 11, 12				
194699	2263 PENNY LANE	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 13, 14				
985175	2242 WOODEN ACRES 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 15, 16				
619656	2232 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 17, 18				
863885	17564 COUNTY RD X61	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 19, 20				
267012	17351 COUNTY RD G44X	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 21, 22				
1196287	2272 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 23, 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, 32				
1015215	2262 NORTH HILLTOP COURT	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 33, 34				
1357707	2656 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 35, 36				
440767	17398 COUNTY RD G44X	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 37, 38				
832529	2253 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 39, 40				
557972	2478 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 41, 42				
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[illegible]

IA Location ID 1243389

Street Address 2209 41ST STREET

City, State, Zip MUSCATINE, IA 52761

Resident Name Teresa Sprague

Date 8-22-2022

Resident Signature Teresa M. Sprague

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:

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 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 (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)
 - i. ____ Mbps / ____ Mbps at ____ 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.

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:

(563) 571-5233 Resident Phone Number

ksprague@machlink.com Resident 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 1257706

Street Address 2234 OAK TREE ROAD

City, State, Zip MUSCATINE, IA 52761

Resident Name John Kuster

Date 8/19/22

Resident Signature [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:

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 reported speed on the Map is not available for purchase

- a. Provider(s) contacted Louisa Communications
- b. Date(s) of contact 8/18/22
- 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)
 - i. ____Mbps / ____Mbps at ____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.

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:

(563) 299-4573 Resident Phone Number

JBKuster@gmail.com Resident 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 1179826

Street Address 2725 OGILVIE AVENUE

City, State, Zip MUSCATINE, IA 52761

Resident Name James R and Karen R Brown

Date 8/19/2022

Resident Signature Karen R Brown

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:

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 reported speed on the Map is not available for purchase

a. Provider(s) contacted Louisa Communications

b. Date(s) of contact 8/19/2022

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)

i. ____Mbps / ____Mbps at ____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.

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:

(563) 299 8537 Resident Phone Number

Krbjrb@hotmail.com Resident 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 29802

Street Address 2258 RIDGEVIEW DRIVE

City, State, Zip MUSCATINE, IA 52761

Resident Name Doug McDermid

Date 08/15/2022

Resident Signature Doug McDermid

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:

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 reported speed on the Map is not available for purchase

a. Provider(s) contacted Louisa Communications

b. Date(s) of contact 08/15/2022

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

d. What speed is unavailable for purchase? DSL 100/20

*said they don't have
any DSL for me*

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)

i. ____ Mbps / ____ Mbps at ____ 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.

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:

(563) 272-9077 Resident Phone Number

arizonamcd@yahoo.com Resident 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 994502

Street Address 2560 BURLINGTON ROAD

City, State, Zip LETTIS, IA 52754

Resident Name Mark TeStrake

Date 8-16-22

Resident Signature Mark TeStrake

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:

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 reported speed on the Map is not available for purchase

- a. 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 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)
 - i. ____ Mbps / ____ Mbps at ____ 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.

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:

(563) 260-5847 Resident Phone Number

Mark Testroche @ icloud.com Resident 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 30707

Street Address 2259 RIDGEVIEW DRIVE

City, State, Zip MUSCATINE, IA 52761

Resident Name ROBERT W. DEAN II

Date AUG. 16, 2022

Resident Signature [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:

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 reported speed on the Map is not available for purchase

a. Provider(s) contacted Louisa Communications

b. Date(s) of contact AUG. 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)

i. ____ Mbps / ____ Mbps at ____ 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.

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:

(563) 262-8332 Resident Phone Number

MEAN1.DEAN@GMAIL.COM Resident 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 194699
Street Address 2263 PENNY LANE
City, State, Zip MUSCATINE, IA 52761

Resident Name MARVIN E. Smith
Date 8-16-22
Resident Signature Marvin E. Smith

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:

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 reported speed on the Map is not available for purchase

a. Provider(s) contacted Louisa Communications

b. Date(s) of contact 8-16-22

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

d. What speed is unavailable for purchase? DSL 100/20 No DSL

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)

i. ____ Mbps / ____ Mbps at ____ 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.

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:

(563) 554-4998 **Resident Phone Number**

msmith4495@gmail.com **Resident 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 985175

Street Address 2242 Wooden Acres Dr

City, State, Zip MUSCATINE, IA 52761

Resident Name Sam Bennett

Date 8-18-22

Resident Signature [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:

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)

1. The reported speed on the Map is not available for purchase

- a. Provider(s) contacted Louisa Communications
- b. Date(s) of contact 8-18-22
- c. I contacted the provider via email / phone (circle one)
- d. What speed is unavailable for purchase? DSL 100/20

2. 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)
 - i. ____ Mbps / ____ Mbps at ____ a.m./p.m. (circle one)

3. The signal is not available (satellite or fixed wireless only)

- a. Name of provider(s) _____

4. Provider(s) is demanding additional construction (satellite or fixed wireless only)

- a. Name of provider(s) _____
- b. Date(s) of contact _____

5. 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:

(303) 775-5615 **Resident Phone Number**

Sam C. Bennett@hotmail.com **Resident 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 619656

Street Address 2232 OAK TREE ROAD

City, State, Zip MUSCATINE, IA 52761

Resident Name Dawn Beckley

Date 8/16/22

Resident Signature Dawn Beckley

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:

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 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)

i. ____Mbps / ____Mbps at ____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.

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:

(563) 260-2758 Resident Phone Number

dc.heckle@aol.com Resident 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 863885

Street Address 17564 COUNTY ROAD X61

City, State, Zip MUSCATINE, IA 52761

Resident Name Gary Wilson

Date 8-15-22

Resident Signature Gary Wilson

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:

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 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)

i. ____Mbps / ____Mbps at ____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.

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:

(363) 506-0217 Resident Phone Number

gl.wilson@louisacomm.net Resident 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 267012

Street Address 17351 COUNTY ROAD 644X

City, State, Zip LETTIS, IA 52754

Resident Name Steve Duggan

Date 8-18-22

Resident Signature Steve Duggan

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:

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 reported speed on the Map is not a

- a. Provider(s) contacted Louisa
- b. Date(s) of contact 8-15-22 emm.
- c. I contacted the provider via email (pl
- d. What speed is unavailable for purchase

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 achieve
- i. _____ Mbps / _____ Mbps at _____ a.m./p.m. _____

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:

(563) 554-3615 Resident Phone Number

duggans54@gmail.com Resident 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 + Linda Streger

Date 8-18-2022

Resident Signature Tom Streger

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:

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 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)

i. ____Mbps / ____Mbps at ____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.

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:

(563) 260-2595 Resident Phone Number

20birdwatchers@gmail.com Resident 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 1036825

Street Address 2265 RIDGEVIEW DRIVE

City, State, Zip MUSCATINE, IA 52761

Resident Name Linda Wilson

Date 8/17/2022

Resident Signature Linda Wilson

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:

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 reported speed on the Map is not available for purchase

- a. Provider(s) contacted Louisa Communications
- b. Date(s) of contact 8/17/2022
- 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)
 - i. ____Mbps / ____Mbps at ____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.

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:

(563) 299-4625 Resident Phone Number

linda.wilson77777@gmail.com Resident 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 214183

Street Address 2236 DEER TRAIL ROAD

City, State, Zip MUSCATINE, IA 52761

Resident Name Jason Calvert

Date 08/16/2022

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 only one 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 MPW
 - b. Date(s) of contact 07/01/2022
 - 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 07/01/2022

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) Century 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.

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:

(563) 650-4613 Resident Phone Number

jcalvert78@gmail Resident 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 1098132 17138
Street Address 17116 COUNTY ROAD X61
City, State, Zip MUSCATINE, IA 52761

Resident Name Zach Boots

Date 8/15/2022

Resident Signature [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:

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 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)

i. ____Mbps / ____Mbps at ____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.

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:

(503) 260-2786 Resident Phone Number

Zach G Zurb Resident Email Address
generalconstruction.com

*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 530986

Street Address 2690 BURLINGTON ROAD

City, State, Zip LETTIS, IA 52754

Resident Name Rodd McNeal

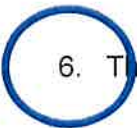
Date 8/18/22

Resident Signature Rodd McNeal

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:

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 Louisa Communications
 - b. Date(s) of contact 8/15/22
 - 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 8/15/22
- 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)
 - i. ____Mbps / ____Mbps at ____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.

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:

(563) 299-2482 Resident Phone Number
ROKATJE@muscant.com Resident 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 1015215
Street Address 2262 NORTH HILLTOP COURT
City, State, Zip MUSCATINE, IA 52761

Resident Name Dennis L Dick

Date Aug 22 2022

Resident Signature Dennis L Dick

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:

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 reported speed on the Map is not available for purchase
- a. Provider(s) contacted Louisa Communications
 - b. Date(s) of contact Aug 22 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)
 - i. ____Mbps / ____Mbps at ____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.

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:

(563) 229 9710 Resident Phone Number

ddick73@hotmail.com Resident 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 1357707

Street Address 2656 BURLINGTON ROAD

City, State, Zip LETTIS, IA 52754

Resident Name

Joe Harris

Date

8/22/22

Resident Signature

[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:

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 reported speed on the Map is not available for purchase

a. Provider(s) contacted Louisa 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. 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)

i. ____ Mbps / ____ Mbps at ____ 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.

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:

(563) 260-6495 Resident Phone Number

Joe Harris 1943@gmail.com Resident 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 440767

Street Address 17398 COUNTY ROAD 644X

City, State, Zip LETTS, IA 52754

Resident Name Troy Pugh

Date 8/19/22

Resident Signature Troy Pugh

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:

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 reported speed on the Map is not available for purchase

a. Provider(s) contacted Louisa Communications

b. Date(s) of contact 8/19/2022

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)

i. ____Mbps / ____Mbps at ____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.

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:

(319) 729-2139 Resident Phone Number

tlpugh250r@gmail.com Resident 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 832529

Street Address 2253 RIDGEVIEW DRIVE

City, State, Zip MUSCATINE, IA 52761

Resident Name

TIMOTHY SPRAGUE

Date

8-18-2022

Resident Signature

[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:

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 reported speed on the Map is not available for purchase

- a. Provider(s) contacted Louisa Communications
- b. Date(s) of contact August 18, 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)
 - i. ____ Mbps / ____ Mbps at ____ 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.

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:

(513) 289-3229 Resident Phone Number

springwee@gmail.com Resident 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 557972

Street Address 2478 BURLINGTON ROAD

City, State, Zip LETTIS, IA 52754

Resident Name

John Kern

Date

8/22/2022

Resident Signature

[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:

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 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 / 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)

i. ____Mbps / ____Mbps at ____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.

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:

(563) 260 2686 Resident Phone Number

kernspot@hotmail.com Resident 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.*