

IA Location ID _____

Street Address _____

Unit Number _____

City, State, Zip _____

Resident Name _____

Date _____

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 _____
 - 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 _____
 - b. Date(s) of contact _____
 - c. I contacted the provider via email/phone (circle one)
 - d. What speed is unavailable for purchase? _____
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:

(____) _____

Resident Phone Number

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.*