



Returned completed form by fax to 213-455-8155 or email sales@ls1inc.com

707 WILSHIRE CROSS CONNECTION FORM – NEW REQUEST

THIS FORM IS TO BE COMPLETED AND FAXED OR EMAILED BACK TO THE MANAGEMENT OFFICE FOR ALL SERVICE REQUESTS. UPON RECEIPT OF THIS FORM, THE MANAGEMENT OFFICE WILL FAX OR EMAIL BACK TO YOU AN APPROVAL ALONG WITH THE ESTIMATED COMPLETION DATE. PLEASE LIMIT EACH REQUEST FORM TO ONE REQUEST, AS COMPLETION DATES MAY DIFFER. IF FOR ANY REASON THE ESTIMATED COMPLETION DATE CAN NOT BE FINISHED BY THE SPECIFIED DATE, YOU WILL BE NOTIFIED. ALL CUSTOMERS, THEIR VENDORS, AND/OR CONTRACTORS MUST PROVIDE LIGHT SOURCE 1, INC. AND THE LANDLORD OF 707 WILSHIRE A CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED ENDORSEMENT PRIOR TO ANY DELIVERY OR WORK COMMENCEMENT. THIS FORM CAN BE FOUND ON OUR WEBSITE. ALL CUSTOMERS, VENDORS, AND/OR CONTRACTORS ARE RESPONSIBLE FOR MEETING THE NECESSARY INSURANCE REQUIREMENTS AS REQUIRED BY LIGHT SOURCE 1, INC. OR THE LANDLORD OF 707 WILSHIRE. PLEASE CONTACT LIGHT SOURCE 1, INC. AT SALES@LS1INC.COM IF THERE ARE ANY QUESTIONS REGARDING THESE REQUIREMENTS. ALL OF THE TERMS OF THE APPLICABLE LEASE OR LICENSE DOCUMENT SHALL APPLY. CUSTOMER SHALL INDEMNIFY AND HOLD LIGHT SOURCE 1, INC. OR THE LANDLORD OF 707 WILSHIRE HARMLESS FROM ANY LIABILITY AND COST ASSOCIATED WITH THE PROVISION OF THE SERVICE DESIRED. CUSTOMER AGREES TO PAY FOR THE COST OF ALL PERSONNEL REQUIRED TO PROVIDE THIS SERVICE.

Customer/ Licensee:	
Representative Name:	
Telephone:	
Email Address:	
Description:	

Your Reference Number/PO:	
Suite ID:	

Your Circuit Id#:	
Other Customer's Circuit ID #:	
Fiber Mode (ex: sm, etc)	
Circuit Connection Type (ex: lc-lc, sc-sc, etc)	
From Suite ID:	
Carrier:	
Carrier Suite ID:	
Carrier Suite Delivery Point:	
Date you would like service completed by:	

Technical Contact Name:	
Technical Contact Phone:	
Technical Contact Email:	
Additional Comments:	

FOR MANAGEMENT USE ONLY:

RECEIVED BY: _____ ON: _____ APPROVED BY: _____ ON: _____

ESTIMATED COMPLETION DATE: _____

APPROVAL EMAIL/FAX SENT TO CUSTOMER ON: _____ SCHEDULED DATE: _____

DATE OF COMPLETION: _____ BILLED ON: _____ INVOICE #: _____