DATE:	
JOB #	

INFORMATION ON LOCATION: CUSTOMER NAME: ADDRESS: WORK TO BE PERFORMED:

INFORMATION ON UTILITY COMPANY:

COMPANY NAME: Lumen / Century Link

ADDRESS: 425 Monroe St

CITY/STATE/ZIP: Anoka, MN 55303

CONTACT PERSON AND PHONE NUMBER:

INFORMATION ON CONTRACTOR:

COMPANY NAME: Telcom Construction

ADDRESS: PO Box 189

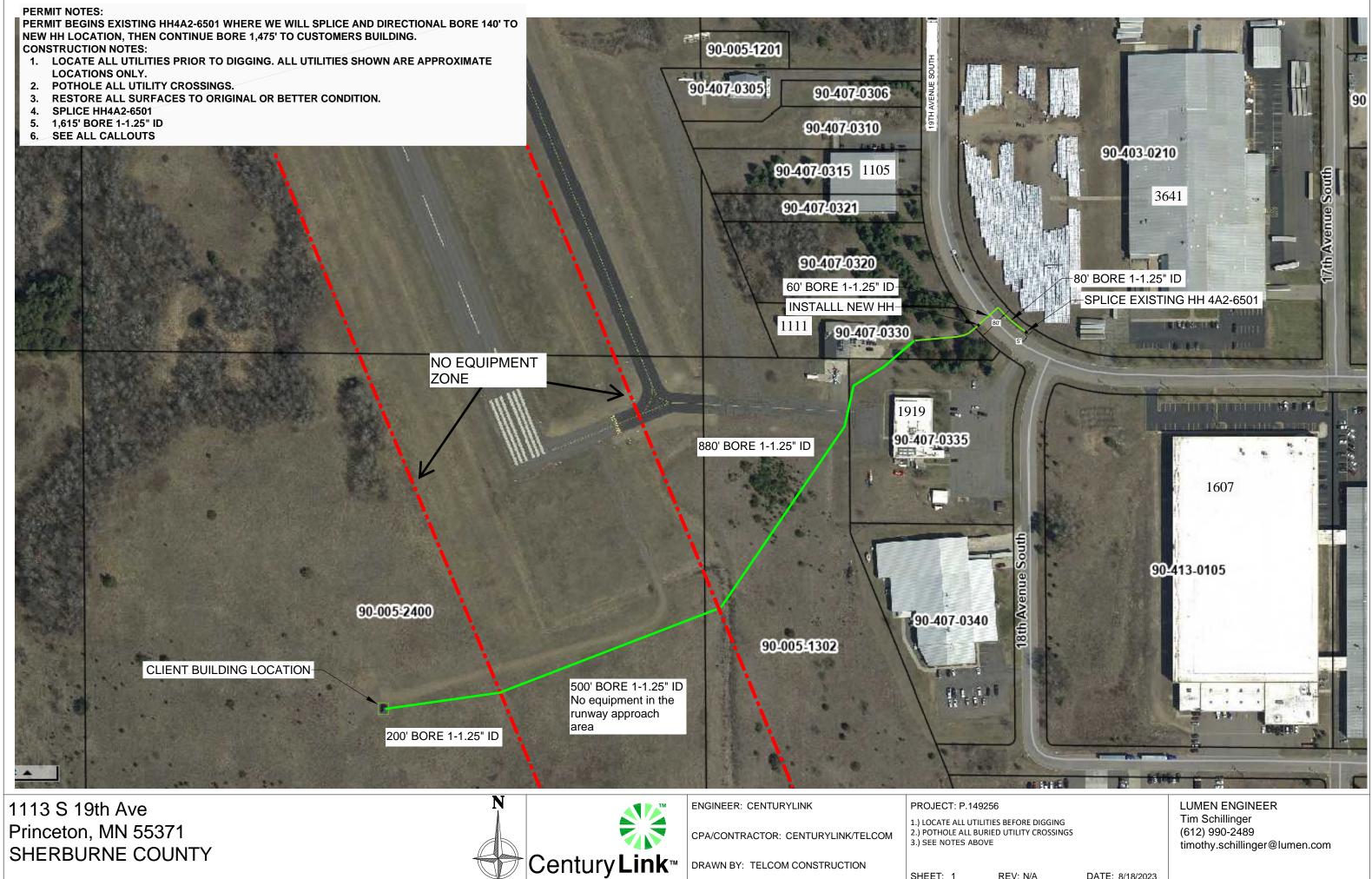
CITY/STATE/ZIP: Clearwater MN 55320

CONTACT PERSON AND PHONE NUMBER: Cindy Albright 320-286-8369

Approval: _____

Date: _____

Please return to Cindy Albright: cindy.albright@telcomconstruction.com



DATE: 8/18/2023