

Network Extension Request Form

To be completed by Service Provider and submitted to info@esvba.com

To be completed by 8	ervice Provider and submitted to miodesvba.com
Company Name:	
Contact Name:	Reach #:
Company Address:	·
Project Name:	
Total # of Homes:	Total # of Homes Expected to be Served:
Total # of Businesses:	Total # of Businesses Expected to be Served:
Total # of Customers:	Total # of Expected Customers to be Served:
Is DSL Available:	yes, no, partially If partially, what percent have DSL? %
Estimated Services Red	nuired by ESVBA
WISP EVPL:	Mb/s
Ethernet Transport:	Mb/s
Dedicated Internet:	Mb/s
Coverage Mans with C	ommitted Coverage Area (required): yes, no
	itted Coverage (after ESVBA completion): months
	Monthly Revenue to ESVBA (Term=60 months): \$
William Committee	violiting Revenue to ES v BIX (Term of months).
Drainat Description (I	using detailed description of president
rroject Description (1)	nclude detailed description of project)
Project Justification (Include detailed reasons why project should be approved)

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Estimated Project Exper	Capital Expenditures	Operating Expenditures	
Fiber Required to be Constructed:	miles	\$	\$
Additional Electronics Required:	yes, no	\$	\$
Additional Personnel Required:	yes, no	\$	\$
TOTAL	Estimate Costs:	\$	\$
Estimated Revenue to be Generate	d: \$		
Project Included in FY Budget:	yes, no	If yes, amount: \$	
	Account:	\$	
If not in FY Budget, what is the	Account:	\$	
funding source:	Account:	\$	
FY \$ FY \$ FY \$ FY \$ FY \$ FY \$	easons why project s	should is, or is not, approve	rd)

Board Authorization (indicates spending can begin on project)

Approved	☐ Not Approved	Vote Tally: Yea:	Nay:
By:		Date:	
Name:			
Title:			

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