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| **Check One: NEW Addition to Existing** | | | | | | | |  | | | | | |  | |
|  | | | | | | | | PTI Site #: | | | | | | Click or tap here to enter text. | |
| **Phoenix Tower International** | |  | |  | | | | PTI Site Name: | | | | | | Click or tap here to enter text. | |
| Campos Elíseos No. 223 Piso 9  Col. Polanco, Alc. Miguel Hidalgo  México, CDMEX CP 11550 | | E-Mail: [bbecerra@phoenixintnl.com](mailto:bbecerra@phoenixintnl.com)  [aescalona@phoenixintnl.com](mailto:aescalona@phoenixintnl.com)  [sgonzalez@phoenixintnl.com](mailto:sgonzalez@phoenixintnl.com) | | | | | | PTI Date Received: | | | | | | Click or tap here to enter text. | |
| Revision Dates: | | | | | | Click or tap to enter a date. | |
|  | | Office: | | +52(55) 7600 8940 | | | | **RSM Approval:** | | | | | | Click or tap here to enter text. | |
| Attn: Leasing Department | |  | |  | | | |  | | | | | |  | |
| APPLICANT/CARRIER INFORMATION | | | | | | | | | | | | | | | |
| Carrier Name: | | Click or tap here to enter text. | | | | | | | Contact Name: | | | Click or tap here to enter text. | | | |
| Carrier Site Name: | | Click or tap here to enter text. | | | | | | | Contact Number: | | | Click or tap here to enter text. | | | |
| Carrier Site Number: | | Click or tap here to enter text. | | | | | | | Contact Fax: | | | Click or tap here to enter text. | | | |
| Carrier Legal Entity Name, | | Click or tap here to enter text. | | | | | | | Contact Address: | | | Click or tap here to enter text. | | | |
| State of registration: | | Click or tap here to enter text. | | | | | | |
| Type of entity (LP, LLC, Corp)  d/b/a/ (If applicable) | | Click or tap here to enter text. | | | | | | |
|  | | | | | | |
| Notice Address for Lease: | | Click or tap here to enter text. | | | | | | | Contact E-mail: | | | Click or tap here to enter text. | | | |
| With copies to: | | Click or tap here to enter text. | | | | | | | Additional E-mail: | | | Click or tap here to enter text. | | | |
| Carrier Invoice Address: | | Click or tap here to enter text. | | | | | | | Other: | | | Click or tap here to enter text. | | | |
| Carrier Invoice Contact -  Name, Title, Phone No. | | Click or tap here to enter text. | | | | | | | Carrier NOC# | | | Click or tap here to enter text. | | | |
| ADDITIONAL CARRIER INFORMATION | | | | | | | | | | | | | | | |
| Leasing Contact Name/Number: | | | Click or tap here to enter text. | | | | | | | | | | | | |
| RF Contact Name/Number: | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Construction Contact Name/Number: | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Emergency Contact Name/Number: | | | Click or tap here to enter text. | | | | | | | | | | | | |
| **Existing Ring Request** | | | | | | | | | | | | | | | |
| **City** | **Fiber Count** | | | | | **Number of Pairs** | | | | | **Kilometers** | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |
| **New Fiber Request** | | | | | | | | | | | | | | | |
| **Address** | **POINT A**  **(LAT)** | | | | **POINT A**  **(Long)** | | **POINT B**  **(LAT)** | | | **POINT B**  (Long) | | | Fiber Count Required | | Number of Pairs |
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**Comments:**

Click or tap here to enter text.