



Cross Connect Activity Form

| | | |
|-----|------------|--------|
| New | Disconnect | Change |
|-----|------------|--------|

| | | | |
|--|-------|--|--|
| Submitted Date: | | | |
| Requested Date: | ASAP | | |
| This Activity Requires Contact Coordination <i>*For change orders only. Must provide contact details and bridge information. Remote Hands rates will apply.</i> | | | |
| Requested Time: | (CST) | | |

| Company Information | | | |
|---------------------|-------------|---------|--------|
| Company Name: | | | |
| Account Number: | | | |
| Primary Contact: | Name: | Number: | Email: |
| Bridge Information: | Conference: | Bridge: | |

| New Cross Connect | | | | |
|--|-------|--------|----------------------------------|--|
| A Side – CFA | | | Z Side - CFA | |
| Check here for next available ports <i>*Or Specify Assignment Below</i> | | | Receiving Party LOA/CFA Required | |
| Room | Panel | Module | Ports | <i>*Please Submit Z side LOA/CFA with this activity order to process without delay</i> |
| | | | | |

| Disconnect Cross Connect | | | | |
|--------------------------|------|-------|--------------|-------|
| Circuit ID/Service ID: | | | A Side – CFA | |
| | Room | Panel | Module | Ports |
| | | | | |

| Change Activity | | | | | | | |
|--|-------|--------|-------|------------------|-------|--------|-------|
| Circuit ID/Service ID: | | | | | | | |
| Original A Side – CFA | | | | New A Side - CFA | | | |
| Room | Panel | Module | Ports | Room | Panel | Module | Ports |
| | | | | | | | |
| Description of Change Activity and coordination notes: | | | | | | | |

By signing below, I am agreeing that I am an authorized contact on the account, and accepting the standard charges associated to this activity.

X _____
 Signature Printed Name Date

Email Completed forms to crossconnects@wellsinterconnection.com. Your submission will be responded to within 24 business hours.