

**DeKalb Telephone Cooperative, Inc., dba DTC Communications  
Residential Port Request Form**

DATE \_\_\_\_\_

\*PON # \_\_\_\_\_ \*VER \_\_\_\_\_

\*AN \_\_\_\_\_ \*Ported NBR \_\_\_\_\_

\*NNSP \_\_\_\_\_ \*ACT \_\_\_\_\_

\*DDD/T \_\_\_\_\_

\*CPNI PASSWORD \_\_\_\_\_ \*CC \_\_\_\_\_

\* NAME \_\_\_\_\_

(AS APPEARS ON BILL)

\* Person requesting port \_\_\_\_\_

\*Physical Address \_\_\_\_\_ \*ZIP \_\_\_\_\_  
Street City/State

\*Mailing Address \_\_\_\_\_ \*ZIP \_\_\_\_\_  
Street City/State

\*CCNA \_\_\_\_\_ \*REQTYP \_\_\_\_\_ \*NPDI \_\_\_\_\_

AGAUTH \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW SP CONTACT :

\* NAME \_\_\_\_\_

\* TEL NO (INIT): \_\_\_\_\_

\* E-MAIL : \_\_\_\_\_

\* FAX # : \_\_\_\_\_

PORT REPOSE:

	CONFIRMED
	RESOLUTION REQUIRED
	DELAYED

\_\_\_\_\_ REASON CODE

OLD SP CONTACT:

NAME : \_\_\_\_\_

PHONE # : \_\_\_\_\_

FAX COMPLETED FORM TO 615-529-1030 OR E-MAIL TO

[lnp1@dtccom.net](mailto:lnp1@dtccom.net)

\* Required fields