



ANTIGUA PUBLIC UTILITIES AUTHORITY  
TELEPHONE DEPARTMENT  
Standard Application Form

Please use this form when applying for the establishing of one of the following services: Basic Telephone, PABX & Key System Trunks, Internal & External Extensions, Telex Line and Private Wire. It is also to be used for transferring any existing service.

Basic Information (Please Print)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Known As: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (Required for transfers, internal or external extensions)

Contact No.: \_\_\_\_\_

Service Address (No PO Box Numbers): \_\_\_\_\_

Billing Address  Same as service address or: \_\_\_\_\_

Directory Entry (Apply separately for unlisted service): \_\_\_\_\_

Yellow Pages Classification (Business Class Service Only): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Detailed Information

(Please speak with an APUA representative before completing this section)

Type of request:  New Service  Transfer

Required:  ASAP  Date: \_\_\_/\_\_\_/\_\_\_

Lifetime:  Permanent  Temporary - Recovered on: \_\_\_/\_\_\_/\_\_\_

Service Class:  Residential  Business  Government

Equipment:  DEL: Line(s)  
 Internal Extension(s)  
 External Extension  
 Telex Line  
 Leased Circuit: pair(s) to:

Hunting:  None  MLH  DNH  Other:

Comments: \_\_\_\_\_

DECLARATION

*I/We the undersigned am/are applying for the above mentioned service(s) offered by APUA Telephones. I/We have read and understand the conditions of the service in the current directory and agree by them and any other terms and conditions that APUA Telephones may later institute to effectively govern the telephone network. I/We agree to settle the account promptly on presentation of the bills and that my/our account can be closed at any time if these bills become overdue. I/We authorize you to contact those above for references. I/We are willing to pay a deposit. I/We understand that on closing this account the deposit will be repaid without interest.*

\_\_\_\_\_  
Signature(s) (& Company stamp if applicable) Date  
For overseas service, apply directly to Cable & Wireless after the service has been installed



### Property Locating Section

This section is required to accurately locate your premises

What is the number of the phone or the terminal closest to the service location? \_\_\_\_\_

Is it in the same building?  No  Yes

If not, is it within 5 poles?  No  Yes

If not, then please sketch a map of your area pointing out your property as well as permanent landmarks such as churches, schools or shops. Attach a separate sheet if necessary.

Received: \_\_\_\_\_ SO Number: \_\_\_\_\_

Approved:  Yes  No Number: \_\_\_\_\_

Survey - Sent Out: \_\_\_\_\_ Returned: \_\_\_\_\_

Fault Priority: \_\_\_\_\_ Extr Area: \_\_\_\_\_

Wait Listed:  Yes  No WI Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

