



Wholesale VoIP Full Account Disconnect

<u>FIELD</u>	<u>Data Description</u>	<u>Field Entry</u>
Local Service Request Form (LSR)		
CCNA	Customer Carrier Name Abbreviation	<ZTK>
PON	Purchase Order Number	<Your PON>
VER	Version	<01>
ATN	Account Telephone Number	<8136451000> (See Footnote 1)
LOCQTY	Location Quantity	<001>
D/TSENT	Date and Time Sent	<202306060800>
DDD	Desired Date Due	<20230609>
REQTYP	Request Type	DB
ACT	Activity	D
AGAATH	Agency Authorization Status	Y
TOS	Type of Service	<1BFV>
INIT	Initiator Identification	<JOE SMITH>
TEL NO	Telephone Number	<8134833525>
End User Form (EU)		
LOCNUM	Location Number	<001>
NAME	End User Name	<Best Food Shop>
AFT	Address Format Type	<N>
SANO	Service Address Number	<816>
SASN	Service Address Street Name	<Main>
SATH	Service Address Street Type	<St>
CITY	City	<Tampa>
STATE	State/Province	<FL>
ZIP	ZIP Postal Code	<75040>
EATN	Existing Account Telephone Number	<8136451000>
Disconnect Section		
DNUM	Disconnect Number	<001>
DISCNBR	Disconnected Number	<8136451000>
TCOPT	Transfer of Calls Option	<N>
<p>*Frontier Communications provides LSR Order Samples as a convenience to its CLEC customers. LSR Order Samples (including without limitation any error or inaccuracy contained therein) shall not be deemed to impose any obligation upon Frontier Communications, or to alter any rights or obligations of Frontier Communications or a customer under a valid tariff or agreement.</p>		
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