

Mid Hudson Cablevision Line Extension Request Form

Customer Service

Customer _____

Street _____

Town _____ Zip _____ CSR _____ Date ___/___/___

Phone Number _____

Directions _____

_____ To _____

Field Survey

Distance _____ Homes _____ By _____ Date ___/___/___ To _____

Management

Line extension charge to customer \$ _____ Approved by _____

Special Notes _____

ACCOUNT NUMBER _____

Deposit Received \$ _____ By _____ Date ___/___/___ To _____

Engineering

Designed By _____ Date ___/___/___ To _____ Date ___/___/___