



## Access and Authorization Form

Please Print or type all information as completely as possible. Ensure that Access List Manager of your company signs the form and submit it to LightBound for processing.

### Important Access Information

LightBound will use this information to allow access for collocation and/or authorization for changes to services such as, but not limited to: access requests, opening trouble-tickets, Name service record changes, phone and phone number modifications, circuit changes. Customer will be checked against supplied information and in addition will be required to show ID to gain access to the data center.

Company Name:

Street Address:

City:

State:

Zip Code:

Phone:

Fax:

### Customer Access Administrator

Primary contact

Name:

Street Address (if different than above):

City:

State:

Zip Code:

Phone:

Fax:

### After-Hours Contact

Contact for after-hours

Name:

Phone:

Mobile:

Pager:

Home:

Email:





I understand and agree that it is my responsibility to notify LightBound of any termination or change in access privileges for any employee or authorized person previously granted access to the LightBound datacenter or to make changes to services and authorized to contact the LightBound Network Operations Center.

To Notify LightBound Network Operations Center you can call immediatley 1-866-271-5214. Signed forms can be Emailed to [lbaccesslist@lightbound.net](mailto:lbaccesslist@lightbound.net) or faxed to 317-635-6287, they can also be mailed via US Mail to LightBound Operations, 731 West Henry Street, Suite 200, Indianapolis Indiana 46225

_____	_____	_____
<b>Customer Coordinator (please print)</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>LightBound - Received by: (please print)</b>	<b>Signature</b>	<b>Date</b>

Special Notes: