

SuperNet Installation Request Application

Name of School Authority: _____

Authority Code: _____

Contact Name: _____ Phone No.: _____ E-mail: _____

School Code (if applicable)	Site Name	Site Address	Estimated Occupancy Date (m/d/yr)

CERTIFICATION

I certify that the information reported on this form is correct.

(Signature of Secretary-Treasurer/Superintendent or designate)

(Date)

Approved by _____
(STB)

(Date)

