

TOPS Translations Questionnaire

M4655

Please complete this questionnaire whenever additicategories.	lon, change, or deletion occurs in the following
This Portion For Coin Stations Only	☐ New ☐ Change ☐ Delete
NPA City Name	
List all Coin Telephone numbers (OK to list in bands if All number	ers are coin)
(Note: ANI numbers forwarded to TOPS and numbers at coin state (any additional lines provide as an attachment)	tion Must be identical) Due Date
This Portion For Restricted Billing (Coin & Noncoin NPA 4/4 City Name GREEN BAY List Name and Number of Customer HOUISAY 2 Telephone Numbers to be Restricted (OK to list in bands if All no	TONN-AIRPORT 499-5/21
REMOVE RESTRICTION COSE 499-3419, 3731, 4982, 7487, 8428,	94 4 SRG FROM:
Restricted Billing Code To Be Used(any additional lines provide as an attachment) SEE C 916 1491228 DUE 6	Due Date
NPA City Name Name of Customer List all Toll Trunks (dial 8) for Guest use in dialing Long Distance Add:	New Service
Delete: List Administrative Trunks (dial 9) to be used by Guests for Long Add: Delete:	Distance
Any quote restrictions by Customer (e.g. hours, etc.)	Due Date
(any additional lines provide as an attachment) Please Send Completed Questionnaire To: Karen Baumann - Manager-Facilities Tel. c/o Wisconsin Bell, Suite 313 2448 So. 102nd Street West Allis, WI 5322	No. 414-678-0767
Originator Name DIANE MCPHEE	Tel. No. 433 - 4086 Date 5-28-92