



333 Lincoln Hwy
PO Box 456
Rochelle, IL 61068

815-562-4155

DARK FIBER LICENSE PRE-APPLICATION

Thank you for choosing Rochelle Municipal Utilities. You will need the following documents when pre-applying for a dark fiber license:

- Driver's License or Alternate Government Issued Picture Identification
- Completed RMU Pre-Application for Dark Fiber (this form)

PLEASE COMPLETE ALL INFORMATION

Applicant Information:

DNA Communications
Business Name

527 N. 6th St. Rochelle, IL 61068
Address of Service City, State, Zip Code

Billing Name (If Different from Business Name)

601 1st Ave. Rochelle, IL 61068
Billing Address City, State, Zip Code

815-562-4290 815-561-7754
Primary Business Telephone Number Other Telephone Number

20-0162388
Federal Tax ID Number

Mike Hammett
Business Contact Person

601 1st Ave. Rochelle, IL 61068
Contact Person's Business Address City, State, Zip Code

815-561-7754
Contact Person's Business Phone Number

I give representatives of Rochelle Municipal Utilities permission to discuss this account and any information related to this account with the following individuals:

Ahmed Kamel, Jason Akey, Mike Hammett

Desired Start Date: 11-15-2023



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As used in this pre-application, "Dark Fiber" means a solid core of optical transmission material without the equipment necessary to transmit signal communications. This application will be used to determine if Dark Fiber is a feasible option as described. A Dark Fiber License Agreement must be completed and approved to establish the terms and conditions under which Licensor will license the use of certain Dark Fibers to Licensee.

Applicant seeks to use 1 pairs of Dark Fiber strands to be owned by the Licensor. The monthly cost per pair of fiber is \$375.00. Splices will be billed at \$500/splice. Splices will be billed as a one-time charge.

Please pick a challenge question and supply the answer. The challenge question will be used to verify your identity when discussing your account with you or your authorized individuals.

- ☐ What is your favorite food? _____
- ☐ What is your mother's maiden name? _____
- ☐ What is your pet's name? _____
- ☒ What elementary school did you attend? St. Mary's

IMPORTANT-APPLICANT READ BEFORE SIGNING AGREEMENT

The applicant represents that they have accurately completed this application. The applicant authorizes Rochelle Municipal Utilities (RMU) to verify the information contained herein and to make such additional normal inquiries, as reasonably may be related to or associated with this application, from credit bureaus, employers and creditors. The applicant requests RMU to furnish dark fiber license(s) and agrees to pay for the service(s) and/or license(s) supplied to this address as bills are rendered until notice is given the utilities to discontinue service. The applicant agrees that if applicant or business owes RMU any past due bills, all unpaid bills must be PAID IN FULL prior to service being provided anywhere within the RMU service area. The applicant agrees to the terms, conditions and all regulations of RMU governing the supply of dark fiber license(s).

10-25-2023

Date

Applicant's Signature

For Office Use Only:

1. Application must be signed and dated by applicant
2. ID Verification – *1 Form Required (Must be government issued picture ID)*
List type of ID and ID number

Driver's License Number _____

Alternate Government Issued Picture ID _____

Application Signature Compared with ID Signature: ☐ Yes ☐ No

Red Flags Present: ☐ No ☐ Yes

CSR Initials _____



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MAP/DESCRIPTION/ADDRESSES OF ROUTES FOR LICENSED FIBERS

From the iFiber rack at the RMU datacenter to DNA's rack in the Frontier CO.

