

| Anschlussgesuch ans StWZ-Glasfasernetz (FTTH)   |   |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|---|---|------------------------------------|-----------------------|--|---------------------------|--|---------------------------|-------------------------|-----------------------|--|---------------------------|-----------------------------|---------------------|---------------|---------------------|----------------|------------------|---|---|------------------------------------|---------------------|---------|--|--|----------------------|---------------|-------|-------|--|--------|-------------------------|---------------|-------|-------|--|-------|--------------|-----------------|-----------------|-------|--|-------|-------|-------|-------|-------|--|-------|-------|-------|-------|-------|--|-------|-------|-------|-------|-------|--|-------|-------|-------|-------|-------|--|-------|-------|-------|-------|-------|--|
| Eingang: _____  |   | Abo. Nr. _____                     |                       | IA-Nr. _____                                     |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px 5px;">INSTALLATEUR</td> <td style="padding: 2px 5px;">Name _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">Strasse, Nr. _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">PLZ, Ort _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">Sachbearbeiter _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">Tel. / Mobile Nr. _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">E-Mail _____</td> <td colspan="4"></td> </tr> </table>  |   |                                    |                       |  |                           | INSTALLATEUR                               | Name _____                |                         |                       |  |                           |                             | Strasse, Nr. _____  |               |                     |                |                  |   | PLZ, Ort _____                                    |                                    |                     |         |  |  | Sachbearbeiter _____ |               |       |       |  |        | Tel. / Mobile Nr. _____ |               |       |       |  |       | E-Mail _____ |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| INSTALLATEUR  | Name _____  |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | Strasse, Nr. _____                                |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | PLZ, Ort _____                                    |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | Sachbearbeiter _____                              |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | Tel. / Mobile Nr. _____                           |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | E-Mail _____                                      |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px 5px;">BEZÜGER<br/><small>(genaue Angaben)</small></td> <td style="padding: 2px 5px;">Name, Vorn. _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">Strasse, Nr. _____</td> <td style="padding: 2px 5px;">PLZ/Ort _____</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 2px 5px;">EIGENTÜMER<br/><small>(Name, Vorn., Firma)</small></td> <td style="padding: 2px 5px;">Name, Vorn. _____</td> <td colspan="4"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">Strasse, Nr. _____</td> <td style="padding: 2px 5px;">PLZ/Ort _____</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 2px 5px;">OBJEKT</td> <td style="padding: 2px 5px;">Strasse, Nr. _____</td> <td style="padding: 2px 5px;">PLZ/Ort _____</td> <td colspan="3"></td> </tr> <tr> <td></td> <td style="padding: 2px 5px;">EGID _____</td> <td style="padding: 2px 5px;">Pol. Gem. _____</td> <td colspan="3" style="padding: 2px 5px;">Parz. Nr. _____</td> </tr> </table>   |   |                                    |                       |  |                           | BEZÜGER<br><small>(genaue Angaben)</small> | Name, Vorn. _____         |                         |                       |  |                           |                             | Strasse, Nr. _____  | PLZ/Ort _____ |                     |                |                  | EIGENTÜMER<br><small>(Name, Vorn., Firma)</small> | Name, Vorn. _____                                 |                                    |                     |         |  |  | Strasse, Nr. _____   | PLZ/Ort _____ |       |       |  | OBJEKT | Strasse, Nr. _____      | PLZ/Ort _____ |       |       |  |       | EGID _____   | Pol. Gem. _____ | Parz. Nr. _____ |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| BEZÜGER<br><small>(genaue Angaben)</small>  | Name, Vorn. _____                                 |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | Strasse, Nr. _____                                | PLZ/Ort _____                      |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| EIGENTÜMER<br><small>(Name, Vorn., Firma)</small>   | Name, Vorn. _____                                 |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | Strasse, Nr. _____                                | PLZ/Ort _____                      |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| OBJEKT  | Strasse, Nr. _____                                | PLZ/Ort _____                      |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
|   | EGID _____  | Pol. Gem. _____                    | Parz. Nr. _____       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px 5px;">FTTH –<br/>INSTALLATION</td> <td style="padding: 2px 5px;">Neuanlage<br/>Bauanschluss</td> <td style="padding: 2px 5px;">Erweiterung<br/>Temporär</td> <td style="padding: 2px 5px;">Änderung<br/>Rückbau</td> <td style="width: 20%; padding: 2px 5px;">GEBÄUDEART</td> <td style="padding: 2px 5px;">EF-/DF-Haus<br/>Reihenhaus</td> <td style="padding: 2px 5px;">Mehrfamilienhaus<br/>Gewerbe</td> </tr> <tr> <td colspan="4" style="padding: 2px 5px;">Bemerkung/en: _____</td> <td colspan="2" style="padding: 2px 5px;">Gewerbeat: _____</td> </tr> </table>   |   |                                    |                       |  |                           | FTTH –<br>INSTALLATION                     | Neuanlage<br>Bauanschluss | Erweiterung<br>Temporär | Änderung<br>Rückbau   | GEBÄUDEART                                       | EF-/DF-Haus<br>Reihenhaus | Mehrfamilienhaus<br>Gewerbe | Bemerkung/en: _____ |               |                     |                | Gewerbeat: _____ |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| FTTH –<br>INSTALLATION  | Neuanlage<br>Bauanschluss                         | Erweiterung<br>Temporär            | Änderung<br>Rückbau   | GEBÄUDEART                                       | EF-/DF-Haus<br>Reihenhaus | Mehrfamilienhaus<br>Gewerbe                |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Bemerkung/en: _____   |   |                                    |                       | Gewerbeat: _____                                 |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px 5px;">HAUSANSCHLUSS (BEP)</td> <td style="padding: 2px 5px;">neu</td> <td style="padding: 2px 5px;">bestehend</td> <td style="padding: 2px 5px;">muss erweitert werden</td> <td colspan="2" style="padding: 2px 5px;">wird demontiert</td> </tr> <tr> <td style="padding: 2px 5px;">Standort:</td> <td style="padding: 2px 5px;">bei HAK</td> <td style="padding: 2px 5px;">bei NS-HV</td> <td colspan="3" style="padding: 2px 5px;">anderer StaO: _____</td> </tr> <tr> <td style="padding: 2px 5px;">Modell _____</td> <td colspan="2" style="padding: 2px 5px;">NE</td> <td colspan="3" style="padding: 2px 5px;">Beschriftung: _____</td> </tr> <tr> <td colspan="6" style="padding: 2px 5px;">LWL- Netzkabel (Typ / Anzahl Fs) _____</td> </tr> </table>   |   |                                    |                       |  |                           | HAUSANSCHLUSS (BEP)                        | neu                       | bestehend               | muss erweitert werden | wird demontiert                                  |                           | Standort:                   | bei HAK             | bei NS-HV     | anderer StaO: _____ |                |                  | Modell _____                                      | NE  |                                    | Beschriftung: _____ |         |  | LWL- Netzkabel (Typ / Anzahl Fs) _____ |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| HAUSANSCHLUSS (BEP)   | neu   | bestehend                          | muss erweitert werden | wird demontiert                                  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Standort:   | bei HAK   | bei NS-HV                          | anderer StaO: _____   |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Modell _____  | NE  |                                    | Beschriftung: _____   |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| LWL- Netzkabel (Typ / Anzahl Fs) _____  |   |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
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| GEBÄUDE- / NUTZUNGSEINHEITEN mit Flat-ID  |   |                                    |                       | gemäss beiliegender Liste (u.a. mehrere Gebäude) |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Anzahl NE: _____  | Anzahl GE: _____                                  |                                    |                       | Einzellgebäude                                   |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Whg- Nr. / Bezeichnung<br><small>variabel</small>   | Whg- Nr. / Bezeichnung<br><small>Geschoss</small> | Whg<br><small>(gem. BAKOM)</small> | Flat-ID               | OTO- ID  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| _____   | _____   | _____                              | _____                 | _____  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <p>StWZ behält sich vor, je nach Verfügbarkeit des Glasfasernetzes das Anschlussgesuch abzulehnen bzw. gemeinsam Lösungen zu suchen.</p>  |   |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Beilage/n: Situationsplan / Grundriss/e _____   |   |                                    |                       | Inbetriebnahme ca.: _____                        |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="6" style="padding: 2px 5px;"><b>Der Installateur:</b></td> </tr> <tr> <td colspan="3" style="padding: 2px 5px;">Ort / Datum: _____</td> <td colspan="3" style="padding: 2px 5px;">Unterschrift: _____</td> </tr> </table>  |   |                                    |                       |  |                           | <b>Der Installateur:</b>                   |                           |                         |                       |  |                           | Ort / Datum: _____          |                     |               | Unterschrift: _____ |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| <b>Der Installateur:</b>  |   |                                    |                       |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |
| Ort / Datum: _____  |   |                                    | Unterschrift: _____   |  |                           |  |                           |                         |                       |  |                           |                             |                     |               |                     |                |                  |   |   |                                    |                     |         |  |  |                      |               |       |       |  |        |                         |               |       |       |  |       |              |                 |                 |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |       |       |       |       |       |  |

BEP = Building Entry Point  
 NE = Nutzungseinheit  
 GE = Gebäudeeinheit  
 Fs = (Glas-) Faser

EF = Einfamilien  
 DF = Doppelfamilien

