

ReConnect Program

Broadband Pre-subscription Form for Farms and Other Businesses

Town of Charlemont MLP is applying for funding from the U.S. Department of Agriculture’s ReConnect
Company Name
 Program. If successful, this funding will allow Town of Charlemont MLP to bring broadband service to
Company Name
 your location. If you are interested in receiving broadband service, please share your responses to the
 questions below.

Question	Answer
1. Would you be a farm or other business customer?	<input type="checkbox"/> Farm <input type="checkbox"/> Other Business
2. What communications services are you currently using? Select all that apply.	<input type="checkbox"/> Internet <input type="checkbox"/> Landline Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Video <input type="checkbox"/> Other (specify)
3. Approximately how much do you pay per month for each of the services that you use?	\$ <input type="checkbox"/> Internet \$ <input type="checkbox"/> Landline Phone \$ <input type="checkbox"/> Cell Phone \$ <input type="checkbox"/> Video \$ <input type="checkbox"/> Other (specify)
4. What is the broadband speed that you currently are receiving with your Internet service?	<input type="checkbox"/> None <input type="checkbox"/> < 10 Mbps downstream <input type="checkbox"/> < 25 Mbps downstream, but at least 10 Mbps downstream <input type="checkbox"/> < 100 Mbps downstream, but at least 25 Mbps downstream <input type="checkbox"/> 100 Mbps downstream or above <input type="checkbox"/> I don’t know
5. What broadband speed would you need to meet your farm or business needs?	<input type="checkbox"/> < 10 Mbps downstream <input type="checkbox"/> < 25 Mbps downstream, but at least 10 Mbps downstream <input type="checkbox"/> < 100 Mbps downstream, but at least 25 Mbps downstream <input type="checkbox"/> 100 Mbps downstream or above <input type="checkbox"/> I don’t know
6. Are you interested in receiving broadband service from (Company Name)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How would you like us to let you know when service will be available?	<input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Mailer

*This Pre-subscription form is not a binding commitment made by Town of Charlemont MLP
Company Name.

Respondent Contact Information

Owner Name:	Phone Number:
	Email Address:
Farm or Other Business Name:	Address:
	(Number and Street)
	(City, State)
	(Zip code)

Respondent Signature: _____ Date: _____