CITY, January 29, 2024

**Letter of Authorization for AUTHORIZED\_PARTY**

CUSTOMER\_NAME hereby authorizes AUTHORIZED\_PARTY to connect to the port specified below and to act as the party authorized to file claims and coordinate damage repair for the service covered by this letter of authorization.

|  |  |  |
| --- | --- | --- |
| **Item** | **Value** | Example |
| DC Campus | WAW-1, 21A Grochowska St., Warsaw, Poland | (select from list) |
| Building | BUILDING\_CODE | F5 |
| Data Hall | DATA\_HALL\_CODE | F5A |
| Rack | RACK\_CODE | D9 |
| Shelf Number | U\_SHELF\_NUMBER | 2 |
| Port Number | PORT\_NUMBER | 14 |

On behalf of CUSTOMER\_NAME:

*Signature of authorizing party*

FIELDS\_TO\_BE\_COMPLETED\_BY\_THE\_SUBMITTING\_PARTY