



Telecommunications  
Electric  
Water  
Gas

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## DTA Order Form

Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Customer Account: \_\_\_\_\_ (For office use only)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of DTAs requested: \_\_\_\_\_

\_\_\_\_\_ By checking this box, I acknowledge that the DTAs are currently provided at no additional charge but a monthly fee per DTA may be charged in the future.

\_\_\_\_\_ Please check this box if you intend to install your own DTAs.

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**For Office Use Only:**

Quantity	Current Services	Install or Pick Up
	Basic	
	Expanded Basic	INSTALL
	Digital Tier	
	HD Premium	PICK - UP
	HBO	
	Cinemax	
	Showtime	
	Starz	

Date DTA's Provisioned:

Customer contacted: yes no

Install scheduled (if necessary): yes no