

Telecom Service Prerequisite Assessment

Date: [Insert Date]

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Position]

[Recipient Company Name]

[Recipient Company Address]

[Recipient City, State, Zip Code]

Dear [Recipient Name],

Subject: Telecom Service Prerequisite Assessment

We are reaching out to inform you about the preliminary assessment required for the successful implementation of telecom services at your premises. To ensure a smooth integration and optimal service performance, we kindly request your cooperation in providing the following information:

- Current infrastructure details (e.g., existing network equipment, cabling, etc.)
- Location and site access information
- Desired service types (e.g., internet, phone, etc.)
- Estimated timeline for implementation

Please complete the assessment form attached and return it to us by [Insert Due Date]. Your feedback is crucial in enabling us to prepare adequately for the setup process.

Thank you for your attention to this matter. If you have any questions or concerns, please feel free to reach out to me directly.

Best regards,

[Your Name]

[Your Position]

[Company Name]