



Cable Reel Owner Code Request Form

Date of Request:

Company Name:

Address:

City:

State:

Zip Code:

Company Contact Name:

Telephone #:

Email Address:

Type of Request:

New Code

Name Change

Other

Owner Code Requested (2-alpha characters):

Owner Code Assigned (2-alpha characters):

Requested by:

Contact Information if Different from Above:

Telephone #:

E-mail Address: