

ORIGINAL

The City of Daytona Beach

COMMISSION-MANAGER PLAN
DAYTONA BEACH, FLORIDA 32115-2451

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December 1, 2003

Blanco S. Bayo
Division of the Commission Clerk and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: 2003 TRO Data Request in Docket Nos. 030851-TP and 030852-TP

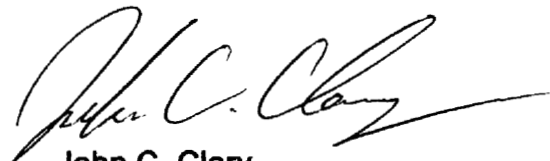
Dear Mr. Bayo:

Per the request of the PSC, attached are completed copies of the Data Request form and the spreadsheet for the City of Daytona Beach.

A 3.5" diskette is also enclosed with both documents saved as:
General_CityofDaytonaBeach_FL.doc (General Data)
General_CityofDaytonaBeach_FL.xls (spreadsheet)

These are the documents that were e-mailed to me by Pat Lee, as we were unable to find the electronic versions on the PSC website. Ms. Lee advised we would need to complete only the first part of the data request and the spreadsheet as the City of Daytona Beach is a reseller of telecommunications services only.

Sincerely,



John C. Clary
Senior Network Analyst

ldw

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

1 copy to each docket

DOCUMENT NUMBER-DATE

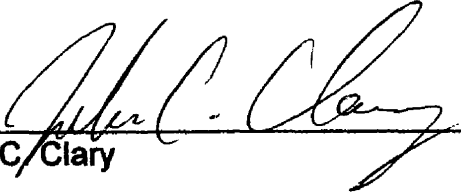
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CPSC-COMMISSION CLERK

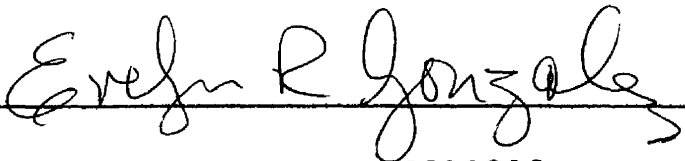
STATE OF FLORIDA

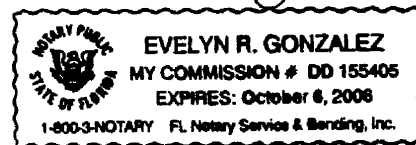
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 1st day of December, 2003 by John C. Clary, Senior Network Analyst of The City of Daytona Beach, a Florida municipal corporation, on behalf of the corporation. He is personally known to me.



John C. Clary





general_questions_FL.xls
General

	A	B	C	D
1	Please enter the information requested below in column B in reference to your company			
2	FPSC CODE	8014	The FPSC code should be on the address label used to send the paper copies of this data request to you.	
3	Company Name, as it appears on your provider's certificate	City of Daytona Beach	Use the company name that appears on the address label, as well.	
4	OCN from LERG	TX628		
5	OCN Name from LERG	City of Daytona Beach		
6	Category (CLEC, ILEC, WIRELESS)	CLEC		
7	AOCN from LERG (administrative)		Continue with additional affiliations or DBA Names down the columns -->	
8	FPSC code for Affiliations			
9	DBA Names			
10	If you do not provide service or are providing service only via resale in Florida, please enter "No Service" and return this information.	No Service		
11				
12				
13	Thank you for completing this data request, since you do not provide service in Florida, please stop here and return this spreadsheet			
14				

December 1, 2003

INFORMATION REQUESTS

FPSC Staff General Questions

FCC Rules, Section 51.319 (d) (2)

Complete the electronic spreadsheet "general_questions_FL.xls" with the following information in reference to your company. The LERG refers to the Local Exchange Routing Guide.

1. The FPSC code refers to your company=s certificate number as registered with FPSC. This number is available from the FPSC website and should appear on the address label on the envelope in which this was mailed. 8014
2. Your company name as it appears on your provider's certificate and appears on the address label on the envelope in which this was mailed. City of Daytona Beach
3. OCN refers to your LERG company code. TX628
4. The OCN_NAME refers to your company=s name in the LERG. City of Daytona Beach
5. CATEGORY refers to the type of company according to the LERG, such as CLEC or WIRELESS. CLEC
6. AOCN refers to the administrative company code according to the LERG.
7. AFFILIATIONS refer to any other companies with whom your company might have affiliations. Please list the FPSC CODE and separate each new company in a new column.
8. DBA NAMES refer to other names of your company by which you are also known. Different names should be placed in additional columns.
9. If you do not provide service or are providing service only via resale in Florida, please enter ANo Service,@ stop here and return this information. No Service

FPSC Staff Switching Questions

FCC Rules, Section 51.319 (d) (2)

Complete the electronic spreadsheet "switching_questions_FL.xls" with the following information for each Florida wire center in which you provide service, either to end users or carriers.

1. If you use a switch to provide qualifying service¹ in the given wire center, please provide the 11-digit COMMON LANGUAGE⁷ Location Identifier (CLLI⁷) for the switch that provides

such service to the given wire center anywhere in the state of Florida, regardless of whether the switch itself is located in Florida. Do not include ILEC unbundled local switching utilized by you in the ILEC=s service territory or through the resale of the incumbent=s services at wholesale rates. If there are additional wire centers that are not listed, please include them at the bottom of the list. *(Column B)*

2. Type of switch. Check each applicable category with an "X." For those categories that do not apply to the given wire center, leave blank. (End Office, Tandem Office, Multi-Function, Remote Line, Packet, Broadband, Cellular, Other). *(Columns C - I)*
3. The maximum number of voice-grade equivalent lines that you have the capacity to provide to customers through this switch. *(Column J)*
4. Number of DS-0/voice grade equivalent access lines in use for this wire center. *(Column K)*
5. Switch processor capacity in Centum Call Seconds (CCS). *(Column L)*
6. Indicate the number of residential customers in this wire center served by the given switch. *(Column M)*
7. Indicate the number of customer locations with 3 or fewer lines served by this switch in this wire center. *(Column N)*
8. Indicate the number of customer locations with at least 4 lines, but no more than 8 lines served by this switch in this wire center. *(Column O)*
9. Indicate the number of customer locations served by this switch in this wire center with 9 lines or more. *(Column P)*
10. The number of voice only customers. *(Column Q)*
11. The number of data service only customers. *(Column R)*
12. The number of voice and data customers. *(Column S)*
13. OWNER: Do you own the switch that serves this wire center? *(Column T)*
 - a. If you answered yes, then answer the following questions:
 - i. WHOLESALER: Do you lease it to another company? *(Column U)*
 - ii. SELF-PROVIDER: Do you use this switch to provide service to end users? *(Column V)*
 - b. If you answered no, then answer the following questions:
 - i. Please provide the FPSC code for the owner of the switch. If unknown,

provide the full name of the company. (Column W)

- ii. If leasing from a company other than (i), please provide the entity with which you entered into the lease or other such arrangement, by FPSC code or full name of the company. (Column X)
- iii. Please provide the nature of the arrangement. (Offered by tariff, standard or negotiated agreement) (Column Y)

14. Please provide EQP TYPE (equipment type) and definition of any abbreviations given, including a brief description of the function performed. The list below provides some examples, but is in no way inclusive. Additional equipment types should be identified by manufacturer. Refer to LERG7, Section 5. (Columns Z, AA and AB)

Examples:

5XB	AT&T #5 crossbar - 2 wire
4e	AT&T #4 ESS
DMT	Northern Telecom DMS 10-digital
5E-XC	Lucent
iGEN	Lucent
GX550	Lucent
LSS	Lucent Soft Switch
APX8000	Lucent
DMS100	Nortel
iTone	Nortel
CVX-1800	Nortel
MMCS	Nortel
DMS250	Nortel
DMS	Nortel
E10B	Alcatel
MAP	Harris
LH	Harris
LX	Harris
DMS50	Nortel
EWSD	Siemens
AFX-10	Ericsson
SR	Nortel
DCO	Siemens

15. Does the switching entity perform both class 4 and class 5 functions? (Column AC)

16. Identify each NPA-NXX served. (Beginning in column AD, use one column for each applicable NPA-NXX.)

Complete the electronic spreadsheet "remote_switches_FL.xls" with the following information in

reference to remotely located switches. This list is to include all switches that are not collocated at an ILEC central office.

1. Please provide the 11-digit COMMON LANGUAGE⁷ Location Identifier (CLLI^J) for each switch that is remotely located. Do not include ILEC switches utilized by you on an unbundled basis in the ILEC=s service territory or through the resale of the incumbent=s services at wholesale rates. *(Column A)*
2. Please provide the 11-digit COMMON LANGUAGE⁷ Location Identifier (CLLI^J) for the host of this switch. *(Column B)*
3. Vertical coordinate of remote switching facility (e.g., 4634). *This is a four- or five-digit number related to the geographic location of a switching entity found in table 7 of the Local Exchange Routing Guider (LERG⁷). This should not be confused with the Rate Center found in Table 8 of the LERG (LERG⁸). (Column C)*
4. Horizontal coordinate of remote switching facility (e.g., 1630). *See note above. (Column D)*
5. Remote switching entity street address (e.g., 3 Empire State Plaza). *(Column E)*
6. Remote switching entity city (e.g., Tallahassee). *(Column F)*
7. Remote switching entity state (e.g., FL). *(Column G)*
8. Remote switching entity five-digit zip code (e.g., 32301). *(Column H)*

FPSC Staff Transport Questions
FCC Rules, Sections 51.319 (e) (1) and (2)

Fill in the electronic spreadsheet "transport_questions_FL.xls" with the following information for each Florida CLLI to CLLI (ILEC central office to ILEC central office) transport route for which your company has self-provisioned transport facilities. These facilities might be used to provide service to your company's own customers or by another carrier to provide service to its customers. For purposes of this question, Atransport facilities@ (a) does not include unbundled facilities obtained from ILECs, and (b) does include dark fiber. A transport route between two points may pass through two or more intermediate wire centers, switches, or other buildings; e.g. CLEC hotels. *Note: complete spreadsheet rows once for each transport route pair (e.g., for a transport route between Tallahassee and Miami, complete spreadsheet rows for either TLHSFLXX to MIAMFLZZ or for MIAMFLZZ to TLHSFLXX but not for both).*

1. Collocation arrangement from ILEC central office CLLI code (e.g., TLHSFLXX). *(Column A)*

2. Collocation arrangement from ILEC central office address (Street address, City, State and Zip) (e.g., 3 Empire State Plaza, Tallahassee, FL 32301). *(Columns B-E)*
3. Collocation arrangement from ILEC central office vertical coordinate (e.g., 4620). *This is a four- or five-digit number related to the geographic location of a switching entity found in table 7 of the Local Exchange Routing Guider (LERG7). This should not be confused with the Rate Center found in Table 8 of the LERG (LERG8). Check each applicable category with an "X." (Column F)*
4. Collocation arrangement from ILEC central office horizontal coordinate (e.g.,1632). *See note above. (Column G)*
5. Type of collocation arrangement (caged, cageless, or virtual) for the from ILEC central office. Check each applicable category with an "X." For those categories that do not apply to the given transport route, leave blank. *(Columns H B J)*
6. Collocation arrangement to ILEC central office CLLI code (e.g., MIAMFLZZ). *(Column K)*
7. Collocation arrangement to ILEC central office address (Street address, City, State and Zip) (e.g., 123 Fourth St, Miami, FL, 33123). *(Columns L-O)*
8. Collocation arrangement to ILEC central office vertical coordinate (e.g., 4620). *This is a four- or five-digit number related to the geographic location of a switching entity found in table 7 of the Local Exchange Routing Guider (LERG7). This should not be confused with the Rate Center found in Table 8 of the LERG (LERG8). Check each applicable category with an "X." (Column P)*
9. Collocation arrangement to ILEC central office horizontal coordinate (e.g.,1632). *See note above. (Column Q)*
10. Type of collocation arrangement (caged, cageless, or virtual) for the to ILEC central office. Check each applicable category with an "X." For those categories that do not apply to the given transport route, leave blank. *(Columns R B T)*
11. SELF-PROVIDER: Is this transport facility used to provide service to your own end user retail customers? *(Column U) Please complete the following questions with regard to the self-provided service:*
 - a. Dedicated transport type (dark fiber, DS1, DS3). Check each applicable category with an "X." For those categories that do not apply to the given transport route, leave blank. *(Columns V B X)*

- b. The number of dark fibers, the number of DS1 level transport circuits, and the number of DS3 level transport circuits that are **provisioned**. For those categories that do not apply to the given transport route, leave blank. *(Columns Y B AA)*
- c. The number of dark fibers, the number of DS1 level transport circuits and the number of DS3 level transport circuits that are **working**. For those categories that do not apply to the given transport route, leave blank. *(Columns AB - AD)*

12. **WHOLESALE:** Is this transport facility used by another carrier to provide service to its customers? *(Column AE)* Please complete the following questions with regard to the *wholesale service:*

- a. Please provide the full name of the carrier. *(Column AF)*
- b. Dedicated transport type (dark fiber, DS1, DS3). Check each applicable category with an "X." For those categories that do not apply to the given transport route, leave blank. *(Columns AG B AI)*
- c. The number of dark fibers, the number of DS1 level transport circuits, and the number of DS3 level transport circuits that are **provisioned**. For those categories that do not apply to the given transport route, leave blank. *(Columns AJ B AL)*
- d. The number of dark fibers, the number of DS1 level transport circuits and the number of DS3 level transport circuits that are **working**. For those categories that do not apply to the given transport route, leave blank. *(Columns AM - AO)*

13. **SUPPLIER:** If you do not own this facility, then please provide the FPSC code of the owner. If the FPSC code is unknown, please provide the full name of the owner. *(Column AP)*

FPSC Staff High-Capacity Loop Questions
FCC Rules, Sections 51.319 (a) (4), (5) and (6)

Fill in the electronic spreadsheet "loop_questions_FL.xls" with the following information for each Florida customer location to which your company has deployed high-capacity loop facilities. These facilities might be used either by your own end user retail customers, or by an unaffiliated carrier's customer. Include facilities for both those customers served entirely by your own facilities and those customers served by attaching your own optronics to activate dark fiber transmission facilities provided by another carrier.

- 1. Street address of customer served by high-capacity loop (e.g., 123 Main St.). *(Column A)*
- 2. City of customer served by high-capacity loop (e.g., Tallahassee). *(Column B)*
- 3. Five-digit zip code address of customer served by high-capacity loop (e.g., 32301). *(Column*

C)

4. Customer serving wire center eight-digit CLLI code (e.g., TLHSFLZZ). *(Column D)*
5. **SELF-PROVIDER:** Do you use this loop to provide service to end users? *(Column E)* If you answer yes, please answer the following questions:
 - a. High-capacity loop type (dark fiber, DS1, DS3). Check each applicable category with an "X." *(Column F B H)*
 - b. The number of **provisioned** circuits serving the customer location (e.g., the number of dark fibers, the number of circuits at DS1 level, and the number of circuits at DS3 level). *(Columns I B K)*
 - c. The number of **working** circuits serving the customer location (e.g., the number of dark fibers, the number of circuits at DS1 level and the number of circuits at DS3 level). *(Columns L B N)*
6. **WHOLESALE:** Do you lease this loop (in whole or in part) to another company? *(Column O)* If you answer yes, please answer the following questions:
 - a. High-capacity loop type (dark fiber, DS1, DS3). Check each applicable category with an "X." *(Column P B R)*
 - b. The number of **provisioned** circuits serving the customer location (e.g., the number of dark fibers, the number of circuits at DS1 level, and the number of circuits at DS3 level). *(Columns S B U)*
 - c. The number of **working** circuits serving the customer location (e.g., the number of dark fibers, the number of circuits at DS1 level and the number of circuits at DS3 level). *(Columns V B X)*
7. **CONFIGURATION:** Is this loop provided on a point-to-point ("P") or a ring configuration ("R")? *(Column Y)*
8. **ACCESSIBLE:** Does your company have access to the entire customer location, including each individual unit within that location? [Section 51.319 (a)(5)(ii)(B)] *(Column Z)*
9. **SOLE ACCESS:** Is the customer location served solely by your company's facilities? *(Column AA)*
10. **USING:** Is the customer location served by attaching your company's optronics to activate dark fiber transmission facilities provided by another carrier? *(Column AB)*
11. **GIVING:** Indicate if the customer location is served via an unaffiliated carrier to which your

company has provided dark fiber. *(Column AC)*

12. OWNER: Do you own this high-capacity loop? *(Column AD)*

a. If you answered no, then answer the following questions:

- i. Please provide the FPSC code for the owner of the loop. If unknown, provide the full name of the company. *(Column AE)*
- ii. If leasing from a company other than (i), please provide the entity with which you entered into the lease or other such arrangement, by FPSC code or full name of the company. *(Column AF)*
- iii. Please provide the nature of the arrangement. (offered by tariff, standard or negotiated agreement) *(Column AG)*