AT&T Mobility
492 Old Connecticut Path
Suite 210
Framingham, MA01701

August 27, 2025

Town of Hamilton Planning Board
c/o Mark Connors, Planning Director
Patton Homestead
650 Asbury Street
Hamilton, MA 01982

Re: Application of New Cingular Wireless PCS, LLC d/b/a AT&T ("AT&T) for a Special Permit for a Small Wireless Facility in the Public Right-of-Way Attached to Utility Pole # 7 ½ Near 15 Walnut Road, South Hamilton, MA 01982 (the "Site") (CRAN_RCTB_00073_665)

To: Town of Hamilton Planning Board,

AT&T proposes the installation of a small wireless communications facility in the vicinity of Hamilton to enhance network coverage and capacity. The installation of this facility is expected to significantly improve the quality of wireless communication services in the area, providing better connectivity and faster data speeds for residents and businesses.

Furthermore, AT&T certifies that it will maintain this wireless communications facility in accordance with FCC standards and will remove any equipment that is not in good repair or no longer in use. The removal of the said equipment will be completed within 60 days.

Sincerely,

Rachelle Bidon-Lewis
AT&T Mobility
Associate Director, Network Design Engineering
84 Deerfield Lane, Floor 2
Meriden, CT 06450

AT&T SOA Delegation of Authority Authorization Form

1/9/2025	1/9/2026
Effective Date	Expiration Date

In accordance with the AT&T Schedule of Authorizations for Affiliates, authority is delegated to the following employee **for a period of one year**:

Rachelle Lewis, Assoc Director Design-Engineering	2	rb9471
Delegate Name and Title	Manager Level	ATTUID
Rachelle Bidon-Lewis	1/9/2025	
Delegate Signature	Date	

Business reason for delegation and/or specific transaction:

(check one of the boxes below)

☐ **Surrogate Delegation Of Authority**

Used to designate authority to a manager in the work group on behalf of another manager that is temporarily unavailable. For CAPS, do not use this form. Update CAPS profile to designate Surrogates.

✓

☑ **For Special Delegation Of Authority Only**

Business reason should include application name, transaction type and amount of approval limit authorized

Reason: Delegation of Authority (DOA) is granted to Rachelle Lewis for the purpose of reviewing and executing site acquisition related documents on behalf of Michael Rapp. This DOA is necessary because of geographical and scheduling constraints, and in effort to ensure that AT&T meets its wireless build commitments.

Delegated by:

Michael Rapp	3	mr954k
Delegator Name and Title	Manager Level	ATTUID
	1/9/2025	
Delegator Signature	Date	

Check box and complete when applicable (see SOA, pg 19, Definitions "Documented Review")

☐ Prior to my approving this Delegation and signing this form, I reviewed this Delegation with *Enter name* on *Enter date* (and, if applicable, with the CEO or COO on *Enter date*).

Set-up in: ☑ CAPS ☐ SCM Oracle Procurement

- The Delegator shall retain the original form and the Delegate shall retain a copy of the form for one year after the delegation period has expired.
- A copy of this Delegation Of Authority should be attached to any ATT01105 forms sent to Accounts Payable for processing.
- If this Delegation Of Authority requires set-up for processing in SCM Oracle Requisitions or CAPS, email a scanned copy to the "SOA Delegations" mailbox . A confirmation will be sent once set-up is complete.