



413 N. Calhoun Street
West Liberty IA 52776

ph 627-2145
or 643-5353

email:
liberty@corp.Lcom.net

May 2007

Office only

PIC Freeze?
Y N

Bus

Res

N/P

Caller ID
suppress

New/Change

Time

Date

Entered

Caller Name

Telephone Number(s) to be Changed:

INTERLATA

Liberty Communications

MyVoice

One Thin Dime

Just My Time

Other _____

INTRALATA

Liberty Communications

MyVoice

One Thin Dime

Just My Time

Other _____

Name & Address: _____

Signature: _____ Date: _____

Liberty Communications attempts to ensure that your telephone service is connected to the long distance company you choose. In the event your telephone service is incorrectly connected, our liability extends only to correcting the error at the earliest opportunity after being notified.



413 N. Calhoun Street
West Liberty IA 52776

ph 627-2145
or 643-5353

email:
liberty@corp.Lcom.net

May 2007

Office only

PIC Freeze?
Y N

Bus

Res

N/P

Caller ID
suppress

New/Change

Time

Date

Entered

Caller Name

Telephone Number(s) to be Changed:

INTERLATA

Liberty Communications

MyVoice

One Thin Dime

Just My Time

Other _____

INTRALATA

Liberty Communications

MyVoice

One Thin Dime

Just My Time

Other _____

Name & Address: _____

Signature: _____ Date: _____

Liberty Communications attempts to ensure that your telephone service is connected to the long distance company you choose. In the event your telephone service is incorrectly connected, our liability extends only to correcting the error at the earliest opportunity after being notified.

Letter of Agency

Name: _____

Address: _____

Phone Number(s)	Preferred Carrier Selection		
	Local Service	IntraLATA (local toll)	InterLATA (long distance)
(319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I am authorizing Liberty Communications to change my service from my current provider to Liberty Communications for the phone number(s) and services designated above. I authorize Liberty Communications to act as my agent to make this change happen. I understand that I might consult with Liberty Communications regarding any fees for making a Preferred Carrier Change. I understand that only one telecommunications carrier may be designated as the local exchange carrier for any one telephone number. I understand that only one carrier may be designated as the interstate or interLATA interexchange carrier for any one telephone number. I understand that only one carrier may be designated as the intrastate or IntraLATA interexchange carrier for any one telephone number. I certify that I have read and understand this letter of Agency and the Terms of this authorization. I further certify that I am at least eighteen years of age and that I am authorized to change providers for services to the telephone number(s) listed above. I am responsible for all valid charges for usage and by signing below I understand I may be authorizing Liberty Communications or their underlying long distance carrier to do a credit check.

Signature _____ Date _____

Letter of Agency

Name: _____

Address: _____

Phone Number(s)	Preferred Carrier Selection		
	Local Service	IntraLATA (local toll)	InterLATA (long distance)
(319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I am authorizing Liberty Communications to change my service from my current provider to Liberty Communications for the phone number(s) and services designated above. I authorize Liberty Communications to act as my agent to make this change happen. I understand that I might consult with Liberty Communications regarding any fees for making a Preferred Carrier Change. I understand that only one telecommunications carrier may be designated as the local exchange carrier for any one telephone number. I understand that only one carrier may be designated as the interstate or interLATA interexchange carrier for any one telephone number. I understand that only one carrier may be designated as the intrastate or IntraLATA interexchange carrier for any one telephone number. I certify that I have read and understand this letter of Agency and the Terms of this authorization. I further certify that I am at least eighteen years of age and that I am authorized to change providers for services to the telephone number(s) listed above. I am responsible for all valid charges for usage and by signing below I understand I may be authorizing Liberty Communications or their underlying long distance carrier to do a credit check.

Signature _____ Date _____