

Wahkiakum West Telephone Company
Preferred Carrier Freeze Authorization Form

Subscriber's billing name: _____

Subscriber's billing address: _____

Telephone Numbers(s) to be included: _____

I hereby authorize Wahkiakum West Telephone Company to implement, effective immediately, a freeze of my provider for the service or services indicated by my signature(s) below. I understand that I will be unable to make a change in provider for any of the services on which I place a freeze, unless I first instruct Wahkiakum West Telephone Co- to remove the freeze.

Telecommunication Service	Preferred Carrier Selection	Subscriber Authorization Signature
InterLATA Toll Service	_____	_____
IntraLATA Toll Service	_____	_____

Individual authorized to lift the above preferred carrier selection (s):

Name (Printed)	Signature	Birthday mo/day or Place of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note:
No change in carrier selection will be made without removal of the prefer-red carrier freeze by an above listed individual either in writing or orally. Please see attached "IMPORTANT INFORMATION REGARDING CUSTOMER CHANGES IN LONG DISTANCE CARRIERS"

A charge may apply to any change made in preferred carrier or preferred carrier freeze.

Subscriber Signature _____ Date: _____

Please be sure that the name and address on this form matches the name and address for the telephone number (s)