

LETTER OF AUTHORIZATION –VOIP SERVICE

1. **Customer Name** (Your name should appear **EXACTLY** as it does on your local telephone bill.)

First Name

Last Name

Business Name (Required only if phone service is in your Company's Name.)

2. **Service Address** (Primary address where the telephone service will be located. No Post Office Boxes)

Address

City

State/

Zip/Code

3. **Billing Address** (If different from your service address, should appear **EXACTLY** as it does on your local telephone bill.)

Address

City

State

Zip Code

4. List below all Telephone Number(s) for which you authorize change from your current phone service provider to Wyandotte Municipal Services. Please note that your Local, In-state Toll and/or Long Distance service for the number(s) listed below will be changed to Wyandotte Municipal Services, and that any services associated with this number(s), such as Centrex, DSL or Ringmate, will be lost if you port this number(s).

Telephone Number(s) (list all numbers to be ported)

Current Service Provider & Account Number

* **Billing Telephone Number** ("BTN"): _____
(*This MUST be provided if number(s) to be ported is a Business Account)

*Check this box, if you have additional numbers on your **Business Account** that you do **NOT** want ported.*

5. If the number(s) to be ported is a mobile number, please provide the following information:

Mobile Number: _____ **Mobile Account Number:** _____

VERIFICATION - PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address where I will be using this service. I authorize and designate Wyandotte Municipal Services to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information Wyandotte Municipal Services deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed Wyandotte Municipal services will become my Local, In-State Toll and Long Distance provider, as indicated above.

I understand that I am authorizing change(s) of my primary carriers for these Service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number.

Signature: _____ **Date:** _____

Printed Name: _____