

REQUEST FOR PREFERRED CARRIER FREEZE

Billing Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Please check the service(s) you would like to have frozen with respect to each one of your telephone number(s). If you have more than one telephone number you need to write down each number and the service you want the freeze on.

Telephone Number: _____

Local Service _____ **All Long Distance Service:** **Intra**___ **Inter**___

(If you have more than one telephone number then please mark the additional lines below).

Telephone Number: 2nd line _____

Local Service _____ **Long Distance Service:** **Intra**___ **Inter**___

Telephone Number: 3rd line _____

Local Service _____ **Long Distance Service:** **Intra**___ **Inter**___

Telephone Number: 4th line _____

Local Service _____ **Long Distance Service:** **Intra**___ **Inter**___

Signature: _____

Print: _____

Date: _____

(Please call (641) 755-2424 if you have questions about this form)