



**VoiSelect Letter of Authorization**

1. **Customer Name** (EXACTLY as it appears on your local telephone bill):

\_\_\_\_\_
First Name Last Name

2. **Service Address** (primary address where the telephone service will be located. No post office boxes):

\_\_\_\_\_

3. **Billing Address** (if different from your service address):

\_\_\_\_\_

4. **Account number** with your current phone service provider:\_\_\_\_\_

List below all telephone number(s) and service(s) for which you authorize change from your current phone service provider to the CITY OF ELBERTON and its underlying service providers. Please note, on all line numbers grouped with each billing telephone number listed below will be charged for local, in-state, toll, and long distance, as indicated:

- Separate accounts/billing telephone numbers under the same name and located at the same address should be listed below.
• Accounts billed to a different name or located at a different address must be on a separate form, authorized by the billing party.

Telephone Number(s): Current Telephone Provider(s):
\_\_\_\_\_
\_\_\_\_\_

**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 I 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 number listed. I warrant that the address above is where I will be using this service. I authorize and designate the City of Elberton, through its underlying provider(s), 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 necessary to make carrier changes, 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, City of Elberton, via its underlying provider(s), will become my local, 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 changes for each telephone number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date