



988 SE Jefferson St
Dallas, OR 97338
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LETTER OF AUTHORIZATION

Date: _____

To: _____ Existing Local Service Provider
_____ Existing Long Distance Provider & Carrier ID Code CIC _ _ _ _
_____ Long Distance Customer Service Phone #
_____ *Verizon PIN # (If applicable)
_____ *Charter/Spectrum Account # (If applicable)

To Whom It May Concern:

This is to advise you that I (we) have granted Willamette Valley Fiber permission to conduct an analysis of our current telephone services provided by the above named Telephone Company.

I authorize Willamette Valley Fiber to act on my behalf and to notify my current local service provider of my desire to change my local service provider to Willamette Valley Fiber. The scope of this authority includes the right to access my (our) Customer Service Records (CSR) from the above named Telephone Company.

I understand that I may incur a charge from my current local service provider for this change. I also understand that Willamette Valley Fiber may have different calling areas, rates and charges than the local service provider I currently use. By signing below I indicate that I understand those differences (if any) and I am willing to be billed accordingly. This authorization is for the telephone services billed to:

Customer Billing Name: _____
Customer Billing Address: _____
Billing & Working Telephone Number(s): _____
Contact Name: _____
Contact Telephone Number: _____

Letter of Authorization for Local and/or Long Distance

Please change the following telephone numbers to Willamette Valley Fiber local and/or Long Distance Service:

() _____ () _____
() _____ () _____

_____ Yes, I select MINET as the **Local Service Provider** for the telephone numbers listed above.
_____ Yes, I select MINET as the **InterLATA Long Distance Service Provider** for the telephone numbers listed above.
_____ Yes, I select MINET as the **IntraLATA Long Distance Service Provider** for the telephone numbers listed above.

I certify that I am at least eighteen years of age and that I have read and understand this Letter of Authorization and that I am authorized to order changes in local service providers for the telephone numbers listed above.

Authorized By Signature

Date Signed

Print Name and Title, if applicable

Address, if different than above

This authority will expire upon written notice.