

316 Third Ave., P.O. Box 47, Clear Lake, WI 54005

P:(715)-263-2755 F:(715)-263-2267

APPLICATION FOR TELEPHONE SERVICES

Phone Number Assigned:

Date of Application:	Date Service is Requested:
Customer Name:	A
Customer Service Address:	
Mailing Address(if different than service address):	P.O. Box:
	Cell Phone #:
Directions to Premises of Previous Occupant:	
	not in the Directory, but is given out through Information. not in the Directory and is not given out through Information.
Name as you want it to appear in Directory: Additional Directory Listing (if requested):	
Previous Telephone Number: Previous Telephone Company: Date Service was disconnected:	

Regulated Services and Charges:

One time connection charges apply for establishing service up to the protector on the outside of the residence or business: \$47.00 Residential or Business if connection only requires work done in our office

Or

\$67.00 Residential or Business if connection requires work on cable outside of our office.

Local Monthly Service	Residential	Single line Business	Multiline Business
Charges:			
Local Access Charges:	\$16.50	\$25.20	25.20 per line
Interstate Access Charges:	\$6.50	\$6.50	\$9.20 per line
Access Recovery Charges:	\$1.50	\$1.50	\$3.00 per line
WI Police & Fire Protection Fee	\$.75	\$.75	\$.75 per line
911:	\$.40	\$.40	\$.40 per line
Federal Universal Service Chrg.	\$1.26	\$1.26	\$1.92 per line
State Universal Service Charge	\$.48	\$.48	\$.48 per line

Phone Type:

Customer Owned: _____

Leased Phones: Wall_____ Desk____

Leased phones are available from us for \$1.00 a month per phone. The standard color is beige with a 9' handset cord. If a different color is desired we have a one time \$5.00 charge.

(Leased phones must be returned when you move or you will be billed for the phone.)

Long Distance Carrier Choice:

Intra Lata (Any local long distance calls made within our 715 Lata)

_Inter Lata (Any long distance calls made outside of our 715 Lata)

Other long distance optional services:

Long Distance Carrier Freeze (no charge) This assures you that your long distance carrier will not be changed

without your written or verbal authorization.

_____900/976 blocking (no charge)

Toll Restriction (no charge) This option completely blocks all outgoing toll calls, (any calls that start with a 0 or a 1, and all ECC calls.)

Custom Calling Features: If two or more features are ordered, a discount of \$.25 will apply for each service.

	Res/Bus		Res/Bus
Call Waiting	\$2.00/\$2.35	Speed Dialing	\$2.00/\$2.50
Call Forwarding	\$2.00/\$2.10	Three Way Calling	\$2.00/\$2.10

Enhanced Voice Mail: The automated answering service for your phone. Voice mail will take a message if you do not answer the phone or if you are using the phone line.

_____Residence....\$3.75 per month

____Business......\$5.95 per month

Caller ID:

Caller ID w/number only display	\$3.50 per month
Caller ID w/name display	\$2.00 additional per month
Caller ID w/call waiting	\$1.00 additional per month

Nonregulated Services and Charges:

Work required to establish service beyond the protector on the inside of the customer's residence is the customer's responsibility. If inside wiring of your residence is required you may install this wiring yourself, hire any outside vendor or hire us. Inside wiring is available from us under the following terms:

All charges are on a time and materials basis. The hourly rates are \$60.00 per hour, or \$70.00 per hour for business systems. A minimum charge of \$22.50 is required. The average cost of installing a phone jack is approximately \$50.00-\$75.00 with material, but may be more or less depending on the circumstances.

Inside wiring services requested: ____Yes ____No If Yes: Number of Jacks to wire Wall_____ Desk_____ Location:

As recipients of federal assistance, the Clear Lake Telephone Company is required to identify and document as accurately as possible that racial/ethnic data on the eligible population in our services area. We would appreciate your checking the appropriate group listed below.

Please note, your response is optional. The information you provide will be used only for Federal Government Reporting Purposes. **Racial Ethnic Group:**

_____White (not of Hispanic Origin) _____Black (not of Hispanic Origin) _____Hispanic _____American Indian or Alaskan Native

_____Asian or Pacific Islander

I understand that upon written request from myself or other responsible person that the Clear Lake Telephone Company will notify the Country Department of Health and Social Services at least 5 calendar days prior to disconnection of service.

I understand that the provision of telephone service will require facilities to be placed on the property and give my approval (if owner) or have received approval from the property owner for the placement of these facilities. Upon disconnection of service I agree to return all leased modular telephone equipment to this office or I will be charged for this leased telephone equipment.

In making this application, I agree to the rules and regulations as established by the Clear Lake Telephone Company and approved in the exchange tariff on file with the Wisconsin Public Service Commission.

Signature:____

Date:_____

Important Message About Your Customer Proprietary Network Information (CPNI)

The protection of your account information has always been very important to us, so has the opportunity to provide you with excellent customer service.

In order to continue providing you with this level of service, we ask that you read the following information carefully, as the Federal Communication Commission (FCC) is imposing new rules on all telecommunications providers.

These rules *require* that we obtain verification from you before we can provide you any information on your billing account. The following rules are now in place:

- Customers requesting information in person will be required to provide a photo ID
- Customers requesting information over the phone will be required to provide us with the account password. If a password is forgotten the customer will have established a "verification question" and "answer" that will allow us to provide or reset the forgotten password.

Customers not able to provide the required verifications above, will only be allowed to receive their account information through the mail. The information may only be sent to the address on the customer account.

Also at this time we are encouraging our customers to make any name change to their account that would make account access easier for those who need to inquire about the account. For example, adding the other spouse's name if the account is listed in only one spouse's name. For this process our company will waive the one time charge that is normally charged for name changes.

Please complete the information below and submit with your payment! Thank You!

(cut on the dotted line and return the portion below with your next payment)
Account Name (as it appears on the bill)
Additional name(s) to add to the Account:
Relationship to Account Holder:
Account Number:
(Appears in upper right hand corner of your bill. Example: 099-0001234-0001)
Select a Password: (12 characters maximum) (NOTE: if you are a business account please provide this information to the person(s) within your company that require access to your account information)
Check only ONE verification question and provide the answer:
In what state/province was your mother born? Answer:
In what state/province was your father born? Answer:
What is your mother's zodiac sign? Answer:
What is your favorite holiday? Answer:
What is your favorite pet's name? Answer: