

Application for Exemption from Directory Assistance Charges



APPLICANT (DISABLED PERSON)

Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ Zip _____
Phone number(s) to be exempt (include area code): (____) _____ (____) _____

Applicant agrees to promptly advise (or cause to be advised) Midcontinent Communications® (also known as Midco®) if the disability described here ceases to exist.

Signature of Applicant (or person authorized to act on behalf of the Applicant)

PERSON TO WHOM EXEMPT TELEPHONE NUMBER IS BILLED (IF OTHER THAN APPLICANT)

Last Name _____ First Name _____ MI _____

I certify that the Applicant is a full-time resident member of my household. If the Applicant ceases to reside full time in my household, I will promptly advise Midco.

Signature of the person billed for exempt telephone number

SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

The Certifying Authority must be a reputable professional whose knowledge of the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge under the specific circumstances is generally accepted and acknowledged.

The above Applicant is:

Blind Physically Disabled (describe below) Visually Disabled Reading/Mentally Disabled (describe below)

Description _____

I certify that the applicant has the above disability that prevents them from using a telephone directory and/or from completing phone calls.

Signature of Certifying Authority _____

Printed Name _____ Date _____

Title _____ Phone(____) _____

Agency _____

The facts in this application may be reviewed periodically by Midco.

Return completed application to: Midco ATTN: Telecom Services
P. O. Box 5010
Sioux Falls, SD 57117-5010

(If you have any questions, please contact a Midco representative at 1.800.888.1300.)