

PRIMARY INTEREXCHANGE CARRIER (PIC) CHANGE REFUSAL FORM

Please implement a Primary Interexchange Carrier (PIC) Change Refusal on my (our) telephone number(s). I (we) request that Triangle Telephone Cooperative/Central Montana Communications accepts no changes for our PIC without my (our) verbal authorization and identity verification.

Name: _____

Joint Name: _____

Telephone Number(s): _____

Social Security #: _____

Joint Social Security #: _____

Signature: _____

Joint Signature: _____

Date: _____

Date: _____

Mail to: Triangle Telephone Cooperative/Central Montana Communications
PO Box 1220
Havre MT 59501-1220