

**AUTHORIZATION TO CHANGE PREFERRED
TELECOMMUNICATIONS LONG DISTANCE CARRIER***Please print all information in English***Services Requested:**☒ **CenturyLink Long Distance InterLata/State to State**

I choose CenturyLink Long Distance for 1+ state to state,
International and in state long distance calls
(**Internal use: LPIC 0432 Service Only**)
Bills on separate bill.

☒ **CenturyLink Local Long Distance IntraLata/Local Toll**

I choose CenturyLink Long Distance for 1+ Local Toll Calls
(**Internal use: LPIC 0432 Service Only**)

☐ **CenturyLink Local Long Distance IntraLata/Local Toll**

I choose CenturyLink Long Distance for 1+ Local Toll Calls
(**Internal use: LPIC 5123 Service Only**)

Marking the box adjacent to any and each of the Service above is a separate request form, and authorization by, the undersigned Subscriber to CenturyLink Long Distance to change the preferred carrier for the marked Service(s).

Provide Billing Name and Address information as it appears on the current service bill.Customer's Name: Park City GroupCustomer's Address: 5282 South Commerce Drive, Suite D-292City: Murray State: UT Zip: 84107**Provide Physical Address if different than bill address.**

Customer's Physical Address: _____

City: _____ State: _____ Zip: _____

Only the telephone numbers listed below are covered by this Authorization.**Subscriber's Main Telephone Number** 435 - 645 - 2201**Additional Telephone Numbers:**435 - 645 - 2206435 - 645 - 2238435 - 645 - 2266435 - 645 - 2276435 - 645 - 2223435 - 645 - 2257435 - 645 - 2267435 - 645 - 2295435 - 645 - 2224435 - 645 - 2258435 - 645 - 2268435 - 645 - 2298435 - 645 - 2227435 - 645 - 2263435 - 645 - 2269435 - 645 - 2299435 - 645 - 2235435 - 645 - 2264435 - 645 - 2270435 - 645 - 2301**Additional Telephone Number Range:**435 - 645 - 2349 TO 2399

____ - ____ - ____ TO ____

____ - ____ - ____ TO ____

____ - ____ - ____ TO ____

____ - ____ - ____ TO ____

____ - ____ - ____ TO ____

☒ **Check here if a separate page is attached for other associated telephone numbers or physical addresses.**

I understand that my Local Exchange Carrier (LEC) may charge a fee to change Long Distance carriers and that I may contact my LEC to determine the specific charges. I represent that I have the authority and capacity to change communications carriers for each of the numbers identified above. I understand that I may designate only one telecommunications carrier as my Local Exchange, one carrier for my Intra-state/IntraLATA, and one carrier as my Interstate/InterLATA (which includes International) for any one telephone number. With this understanding, I select CenturyLink to provide the communications service types indicated for each of the telephone numbers listed.

Signature: _____ **Date (mm/dd/yy):** 07/08/2019**Printed Signature:** TIM RICHARDS **Title:** IT DIRECTOR**CenturyLink Internal Use Only** ****REQUIRED: MUST BE COMPLETED BY ORDER ORIGINATOR******Order #** _____ **Market Unit:** _____**Consumer** ☐ **Business:** ☐ **General** ☐ **Select** ☐ **Key** ☐ **Major** ☐ **QBPP** ☐ **GBA** ☐ **FED** ☐ **GES** ☐**Representative:** _____ **CUID:** _____ **Date Received:** _____ **Date Processed:** _____



Letter of Agency

For individual numbers, use the format NPA-NXX-XXXX and for number ranges, use NPA-NXX-XXXX to XXXX.

[illegible]