



27 E. College St.
Oberlin, Oh. 44074
440-775-4001

Letter of Agency (LOA) - Local Number Portability Authorization

Customer Billing Information:

In order to validate "LNP Authorization" - PLEASE include your most recent Invoice showing: all of your TN(s), Complete Billing Address, Company Name, and Authorized Contact.

Company Name:	
Street Address:	
City:	
Zip:	
Authorized Contact:	
Title:	
Email:	
Phone:	
Current Carrier:	
BTN:	

Telephone Numbers (TNs) on your most recent Invoice to be ported to Cable Co-op:

Telephone Numbers (TNs) on your most recent Invoice that Cable Co-op will NOT be porting:

A COPY OF THE FIRST PAGE OF THE MOST RECENT BILL FROM YOUR CURRENT PROVIDER IS REQUIRED. PLEASE REMOVE ANY FEATURES (I.E., Hunt Groups) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT PROVIDER ON THIS ACCOUNT AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

LNP Authorization - I hereby authorize Cable Co-op to be my Local Service Provider for those Telephone Numbers (TNs) as detailed above and/or as detailed on the attached Exhibit(s). I designate Cable Co-op to act as my Agent for the Preferred Interexchange Carrier change. I understand that this will result in a change of my Long Distance Carrier. This agreement authorizes Cable Co-op to obtain a copy of my Service and Equipment records and to notify my current local telephone company of the LNP change. I also authorize Cable Co-op to remove and replace any carrier choice service protections (PIC freezes). I understand that due to this change, the local telephone company may assess a fee on my local telephone bill for each telephone number listed. I also understand that only one Service Provider may be designated as the LNP and IntraLATA Preferred Interexchange Carrier and that only one Service Provider may be designated as the InterLATA Preferred Interexchange Carrier for those Telephone Number(s) listed above and/or as detailed on the attached Exhibit(s).

I certify that I am authorized to make this change.

Name _____	Authorized Signature _____
Title _____	Date _____