



## RESIDENTIAL LETTER OF AUTHORIZATION FORM (LOA)

I hereby authorize Cable Co-op to view, make additions, changes and deletions on my account associated with the telephone numbers listed below.

Print name here as it appears on your current monthly telephone statement.  Print account number as it appears on your current monthly telephone statement.	
Residential Telephone Number	
Additional Telephone Number or Line (if applic	cable)
Signature	
Print name	
Date	
Address	
City, State and Zip	
Email address	
Alternate Contact Number	