



11452 Highway 62
Charlestown, IN 47111
Phone: (812) 256-3701
www.communitywireless.com

LNP Letter of Authorization and Responsible Organization Change Request

The Undersigned DID number holder (the "Holder") does hereby appoint Community Wireless as the Responsible Organization for the numbers listed below.

*Please note all numbers listed must be grouped by BTN (Billing Telephone Number) with a single BTN per sheet.

BTN As Seen On Current Service Provider Invoice:

Numbers to Be Ported (Associated with the BTN listed above):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Billing Co. Name: _____

Billing Address: _____

City, State, Zip: _____, _____, _____

Contact Number: _____

Authorized Signature: _____

Signatory Name (printed): _____

Signatory Title: _____

Date: _____

(If different from billing name)

Service Location Name: _____

Service Location Address: _____

City, State, Zip: _____, _____, _____

*Please submit the last or current bill with BTN and LNP number clearly visible for verification purposes along with this LOA.

Remarks: