



# Jackson County REMC

## The Standard Letter of Agency Document

A Letter of Agency (LOA) must be completed by the end-user and supplied to **Jackson County REMC** upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to **Jackson County REMC** the end-user's current carrier. The LOA used must comply with FCC regulations and must be dated and signed by the end-user or a person who has the authority to act as a legal agent.

**Dear Customer,**

Thank you for choosing **Jackson County REMC**, as your network carrier. As you are aware, you may continue to use your existing telephone number with **Jackson County REMC**. In order to transition your current telephone number to the **Jackson County REMC** network, **Jackson County REMC** must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to **Jackson County REMC**. You will then be able to use your old number with the **Jackson County REMC** network.

Please ensure the following information is completed accurately to prevent possible delays.

End-User Name (Business or Residential): \_\_\_\_\_

Person authorized to make this request if a business: \_\_\_\_\_

Service Street Address: \_\_\_\_\_ Suite or Apartment No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Current Service Provider: \_\_\_\_\_

*\*Note that all Telephone Numbers listed below must be associated with this Name.*

<u>Beginning Range TN</u>	<u>End Range TN</u>	<u>Billing (main acct) TN for porting TNs</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

If you wish to select **Jackson County REMC** as your new service provider for the telephone number listed on this form, you will need to sign your initials on the THREE (3) lines below, as applicable:

- I select \_\_\_\_\_ (initials) **Jackson County REMC** as the network carrier for all **local calls** for this number.
- I select \_\_\_\_\_ (initials) **Jackson County REMC** as the network carrier for all **intrastate toll calls** for this number.
- I select \_\_\_\_\_ (initials) **Jackson County REMC** as the network carrier for all **interstate toll and international calls** for this number.

If you want to receive service on the **Jackson County REMC** network, you will need to select **Jackson County REMC** in ALL THREE (3) spaces above. You may not have more than one carrier for each TYPE of service above.

By signing below, I designate **Jackson County REMC** to transfer my service from my current provider to **Jackson County REMC**. By signing below, I also authorize **Jackson County REMC** to transfer my current telephone number used to provide service so that **Jackson County REMC** may provide its network service to me. By signing below, I also authorize **Jackson County REMC** to obtain billing information, customer service records, and other information required to provide me with service on the **Jackson County REMC** network. I understand that I may consult with **Jackson County REMC** as to whether a fee will apply to the change.

Printed End-User Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_