

## Application for Exemption from Directory Assistance/ Local Operator Assistance Charges

Applicant (Disabled Person)			Person to whom Exempt Telephone Number is		
Last Name	First Name	MI	<u>Billed (if other th</u>	<u>an Applicant)</u>	
Address			Last Name	First Name	MI
City	State Zip			<u> </u>	
Telephone Number(s) to be Exempt (include area code)			I certify that the Applicant is a fulltime resident Member of my household. If the Applicant ceases to reside fulltime in m household, I will promptly advise AcenTek Signature of the person billed for exempt telephone number:		
Applicant agrees to promptly advise (or cause to be advised) AcenTek if the disability described here ceases to exist.					
Signature of Appl on behalf of the A	icant (or person authorize Applicant):	ed to act			
	SECTION BELOW TO BE (		ONLY BY THE CERTIF	YING AUTHORITY	

## The Certifying Authority must be a reputable professional whose knowledge and competence under the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstance is generally accepted and acknowledged.

The above Applicant is:	Blind	Visually Disabled			
	_Physically Disabled (describe below)	Reading/Mentally Disabled (describe below)			
I certify that the Applicant has the above disability that prevents them from using a telephone directory and/or from completing telephone calls/					
Signature of Certifying Autho	prity	Date			
Printed Name		Telephone Number			
Title	Agency				

## The facts in this application may be reviewed periodically by AcenTek

Return completed application to:

AcenTek PO Box 360 Houston, MN 55943 Fax: 507.896.4695 Phone: 888.404.4940 AcenTek PO Box 69 Mesick, MI 49668 Fax: 231.885.9915 Phone: 888.404.4940 AcenTek PO Box 509 Allendale, MI 49401 Fax: 616.895.9911 Phone: 888.404.4940