



PREFERRED CARRIER FREEZE

In today’s competitive telecommunications environment, a significant problem known as “slamming” has developed in which the telecommunications companies chosen by subscribers are changed without their consent. In order to serve you and keep you from getting your service changed without authorization, we are now providing a service for our customers who would like to have more control over their telephone service. This service is called a preferred carrier freeze. A preferred carrier freeze prevents a change in a subscriber’s service provider without the consent of the subscriber. The preferred carrier freeze can be placed on your local, intralata, interlata, and/or international toll telecommunications carriers. (Please see page 17 of your Eastern Iowa Regional Telephone Directory for a map of the Davenport Lata.)

Once the preferred carrier freeze is in place, the freeze can only be lifted by you either by written or oral authorization. The authorization required for the lifting of the preferred carrier freeze is in addition to the regular verification process required to change to a different telephone service provider. The written authorization must be signed and state your intent to lift a preferred carrier freeze. It should also include your billing name and address and each telephone number to be affected. The oral authorization can be initiated by the customer or can be a three-way conference call with you, the carrier to which you wish to switch, and one of our service representatives.

REQUEST FOR PREFERRED CARRIER FREEZE

I would like to place a preferred carrier freeze on the following services and telephone number(s):

Name on Account: _____
(please print)

Place an X next to the service you wish to freeze, then list the telephone numbers for which the freeze should apply.

Intralata Toll Service _____
(Calls terminating within Lata)

Local Service _____

Interlata Toll Service _____
(Calls terminating outside the Lata)

International Toll Service _____

Telephone Number(s): Please list.

_____, _____, _____
_____, _____, _____

Must be signed by person responsible for the Cascade Communications Company account and returned to the Cascade Communications Company business office to freeze your carrier.

Authorized Signature: _____ **Date:** _____