



Preferred Carrier Freeze Authorization

I hereby request and authorize Lackawaxen Telecommunications Services to freeze the Preferred Carrier on my account on each of the following services as of this date. I understand I will not be able to change my carrier selections unless I lift this freeze. I understand there is no charge to initiate and terminate this service, and that there will be a charge to change carriers if I elect to do so. A person responsible for the account must sign this form.

(please print)

Account Information

		Date	
Last Name		First Name	Middle Name
Billing Address	City	State	Zip Code
Telephone Number			

Account Verification (please complete 1 of the following)

Social Security Number:	
or Birthdate:	
or Account Password:	

Freeze Authorizations

Long Distance Service	Signature of Account Holder
IntraLATA Service (in state dialing)	
InterLATA Service (state to state and international dialing)	

Submitting Your Freeze Authorization

Please return the completed form to our Business Office. You may mail, fax, or drop off this form at our office. If you have any questions, please contact us at 570-685-7111.

Lackawaxen Telecommunications Services, Inc. 104 Hotel Road P.O. Box 8 Rowland, PA 18457	Telephone:	570-685-7111
	Fax:	570-685-0039