



Unlisted or Unpublished Numbers

The Federal Communications Commission (FCC) has ordered that under certain circumstances, all telephone companies must provide customer billing name and address information to all Interstate Telecommunications Service Providers to facilitate their billing needs.

In accordance with the FCC order, Clarence Telephone Company/Cedar Communications, LLC is required to provide your billing name and address information to all Interstate Telecommunications Service Providers or their billing agents if you use a 0+ Calling Card to charge your long distance calls, or if you accept collect calls charged to your phone number.

The FCC order also restricts the Interstate Telecommunications Service Providers from using the customer name and address for any purpose other than: billing and collection, customer service, transient customer identification, order entry, or fraud protection. This information can also be provided to government law enforcement agencies. They are strictly prohibited from releasing this information for any other purpose such as marketing.

As a customer of Clarence Telephone Company/Cedar Communications, LLC, with either a non-published or unlisted number, you can restrict disclosure of your billing name and address information. However, you must notify us by signing and returning the form below. If you decide that you do not wish to have your billing name and address disclosed to Interstate Telecommunications Service Providers, you should be aware that you will not be able to use a 0+ Calling Card or have third party or collect calls billed to your telephone number.

I hereby request that Clarence Telephone Company/Cedar Communications, LLC NOT release my unlisted/non published billing name and address information to Interstate Telecommunications Service Providers. *I understand that I will not be able to use a 0+ Calling Card, have third party calls charged to my phone number, or accept collect calls.*

If Clarence Telephone Company/Cedar Communications, LLC does not receive this request, we will assume that you authorize disclosure of your billing name and address.

Name: _____ Phone Number _____

Signature: _____ Date: _____