

PIC Freeze Authorization Form

First Name: _____ **Last Name:** _____

Mailing Address: _____

Physical Address: _____

Phone numbers on which you would like this change applied:

Please check one of the following choices:

<input type="checkbox"/>	I currently have a PIC Freeze on the above mentioned phone lines. Please remove that PIC Freeze from the above mentioned phone lines so I may make changes to my long distance service. I am aware that this could result in changes being made to my long distance service without my consent.
<input type="checkbox"/>	Please activate a PIC Freeze on my line to prevent changes to my long distance service without my consent.

Signature: _____ **Date:** _____