825 Innovation Ave
P.O. Box 40
Milltown, WI 54858
715.825.2171
www.lakeland.ws

I would like to add the following individual to my Lakeland Communications account. I understand this individual will have access to my account including bill statements, inquiry, changes, deletions, and additions to services. The Co-Applicant will become equally responsible for any bills derived by any services attached to this account.

ADD NAME (CO-APPLICANT) FORM

Account # _____

Current Account Holders name _____

Name of person being added to account _____

Co-Applicant date of birth _____

Co-Applicant Telephone Number _____

Co-Applicant Email Address _____

For telephone accounts only: List in the Directory as_____

Printed name of Account Holder _____

Signature of Account Holder _____

Date _____

Printed name of Co-Applicant _____

Signature of Co-Applicant _____

Date _____

Note: Lakeland Communications may call your telephone number of record once this form is received to verify the accuracy of this request. From this point forward all bills and correspondence will also be directed to me as the Co-Applicant.

Office Use Only: CSR _____ Date Entered _____ Date Filed _____