

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

I would like to remove the following individual to my Lakeland Communications account. I understand this individual will no longer have access to my account including bill statements, inquiry, changes, deletions, and additions to services. This individual will no longer be responsible for any bills derived by any services attached to this account.

REMOVE NAME FORM

| Account # |
|---|
| Current Account Holders name |
| Name of person being removed from account |
| Printed name of Account Holder |
| Signature of Account Holder |
| Date |
| Printed name of person being removed |
| Signature of person being removed |
| Date |
| Note: Lakeland Communications may call your telephone number of record once this form is received to verify the accuracy of this request. If either of the above named applicants would like to make a change to this authorization whether deleting the other applicant or adding to the applicants, Lakeland would like to request permission in writing by both parties. |

Office Use Only: CSR Date Entered Date Filed