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

I agree to assume all responsibility of all bills including and not limited to local service, toll, Internet, and any additional services, features or charges. This is valid for all charges incurred including all prior dates of call and charges prior to my signature. New application may be required.

UPDATING ACCOUNT HOLDER FORM

Account # _____

Current Account Holders name _____

New Account Holder Name _____ Date of birth _____

Service Address _____

Billing Address (if different)_____

Telephone Number _____

Email Address _____

For telephone accounts only: List in the Directory as_____

Due to FCC mandated regulations, our customers' proprietary information will be restricted, which safeguards our customers' accounts while providing protection to the customer and to Lakeland. Customer Proprietary Network Information (CPNI) includes things like, but not limited to: current charges and services, balances and payments, calling patterns, usage, etc. Please fill out the information below and return to our office.

CPNI Password (4-16 alpha or numeric characters)_____

Recovery Password Questions:

Mother's maiden name _____ Name of first pet _____

These people may obtain CPNI from my account (if desired) _____

_____

Signature of new Account Holder _____Date_____

Signature of current Account Holder _____ 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 new account holder.

***If current account holder is deceased a death certificate will need to be provided before the new account holder can take over the account.**

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