## UTHORIZATION

ice Long Distance Carrier) Revised: 5/15/2009 Page 1 of 2

Qwest. Spirit at Service	QCC (0432) LETTER OF A (Authorization to Change Commercial Serv
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HELICANICAL PARTY STATES OF THE SECOND	C	0910MEK 1	NEORINATION		
Account ID:			Sales Rep ID	BSHX	
Product Account ID:			Order Sign Da	ate:	
Orion/CORE Order #:			Bill Cycle:		
Type of Change: 🛛 Nev	v 🗌 Add to Accou	unt 🗌 Admi	n. Change 🗌 l	Partial Disconne	ect
The undersigned customer wishes hereby designated to act as the un selection of Qwest as its primary interexchar	idersigned customer's nge carrier ("PIC"), and	agent for the put	rpose of: (1) notify connection with 0	ying customer's loca Qwest's provision of	It telephone company of the service, changes in and/or
maintenance on specific telecomm					` '
The undersigned customer's select designates Qwest as its primary introllowing service types as appro	terexchange carrier for priate):	r the following to	ong distance servic	ces (Customer MUS	idersigned customer hereby T check one or both of the
		ervices.	ational) services; a		
Unless otherwise expressly agreed telecommunications services provious removing any such unwanted servi	ded by long distance p	providers. The u	ndersigned custon	ner shall remain res	r termination or removal of ponsible for terminating and
I understand that my local exchang determine the specific charge. I re- below and that I am at least eighted telephone number for state-to-state carrier for any one telephone numb communications service types indice	present that I have the en (18) years old. I un e (interLATA), intrastat per for intraLATA usag	e authority to ch iderstand that I e, and internation e (where applic	ange communicati may designate onl onal usage; and th able). With these	ons carriers for each ly one primary intere at I may designate o understandings, I se	h of the numbers identified exchange carrier for any one only one primary interexchange
Signature (required)			£ 55 <del>=</del>	Da	ite
Company Name: City of Ra	cine			Multiple Pa	ige LOA
Contact: Tom Eeg				Page of	•
Title: Assistant Commission	ner of Public Wa	rke		' —	(Customer Initials)
Billing Address:730 Washing					
City:Racine	State:V			Zin Codo:E2	1402
Phone Number: (262) 636-91			Fax Number:	Zip Code:53	9403
Comments:	121		-ax Number.		
Continents.					
	Teleph	none Numbe	r(s) to be PIC'e	ed	
Access Method	Telephone #	PAC Code	# of Digits	Index	Bill-to Number (BTN)
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX			IV		
1+ 10XXX		∐V	IV		



QCC (0432) LETTER OF AUTHORIZATION

(Authorization to Change Commercial Service Long Distance Carrier)

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Orion/CORE Order ID:	Account ID:
Customer Name:	

	Additiona	I Telephone Num	bers to be P	IC'd	
Access Method	Telephone #	PAC Code	# of Digits	Index	Bill-to Number
1+ 10XXX		UV NV			
1+ 10XXX		V NV			
1+ 10XXX		V NV			
1+ 10XXX		V NV			
1+ 10XXX		V NV			
1+ 10XXX		V NV			
1+ 10XXX		V NV			
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1+ 10XXX		V NV			
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1+ 10XXX					
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☐ 1+ ☐ 10XXX		V NV			
] 1+ [] 10XXX		UV NV			
1+ 10XXX		UV NV			
1+ 10XXX		UV NV			
☐ 1+ ☐ 10XXX		UV NV			
] 1+ [] 10XXX		UV NV			
1+ 10XXX		V NV			