

Change of Liability Request Form

Oran Mutual Telephone Company

Effective Date ___/___/___

Telephone Number (319) 638- _____

Account Number _____

Release by Existing Customer

By endorsement below, I will no longer be held responsible for the telephone number and account listed above. I understand I am responsible for all charges incurred on the account before the effective date of change.

_____/_____/_____
Signature of Existing Customer Date

Printed Name

Acceptance of Potential Customer

By endorsement below, I accept full responsibility for the telephone number and account listed above. I understand and agree to take full responsibility for all charges incurred as of the effective date of change.

_____/_____/_____
Signature of Existing Customer Date

Printed Name