

**Harlan Municipal Utilities**

**2412 Southwest Ave**

**P.O. Box 71**

**Harlan, IA 51537-0071**

**Telephone: (712) 755-5182**

**Fax: (712) 755-2320 E-Mail: [hmutel@harlannet.com](mailto:hmutel@harlannet.com)**

**Letter of Agency (LOA) for Local Service**

Name as it appears on phone bill: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) covered by this letter: \_\_\_\_\_

By my signature below, I designate Harlan Municipal Utilities as my preferred local exchange carrier and authorize said carrier to inform my current local exchange carrier, \_\_\_\_\_, of this change. I understand that only one carrier may be designated as my preferred local exchange carrier. I certify that I am of legal age and that I have proper authority to sign this Letter of Agency. I further accept responsibility for all charges incurred on this account. I understand that there will be no charge to make this change.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date