Harlan Municipal Utilities 2412 Southwest Ave. P.O. Box 71 Harlan, IA 51537-0071

Letter of Agency (LOA) for Harlan Municipal Utilities Long Distance Telephone Service

Billing Name of Subscriber (as it appears on phone bill	:
Dining Name of Subscriber (as it appears on phone bin	•

Phone Number(s) covered by this Letter of Agency:_____

Billing Address:	City:	St: Zip:	
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By my signature below, I designate Harlan Municipal Utilities to act as my agent for the purpose of making each of the preferred carrier changes that I have specified below (by placing an "X" in the box preceding the requested preferred carrier change), and authorize Harlan Municipal Utilities to inform my existing local exchange carrier of the change(s). I certify that I am of legal age and that I have proper authority to sign this Letter of Agency.

☐ I want to change from my current carrier to Harlan Municipal Utilities as my preferred interexchange carrier for interLATA toll calls. I understand that the only one Telecommunications carrier may be designated as a subscriber's preferred interexchange carrier for interLATA toll calls for any one telephone number.

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I understand there will be no charge to make these changes.

(Authorized Signature)