city communications integrated

# Letter of Agency

To Whom it May Concern,

We have on this date authorized City Communications Integrated to act on our behalf as it relates to our communications needs with all concerned Local Exchange Carriers, Interexchange Carriers, Other Common Carriers, and Resellers . They may:

| | YES | NO |
|---|---|---|
| **1** Place Service Orders | x | |
| **2** Obtain **all/any** Account Information | x | |
| **OR just** designated Cutomer Proprietary Network Information items: | | |
| **A** Telephone Numbers and Service Location(s) | | |
| **B** Usage and Billing Data | | |
| **C** Telephone Numbers Called | | |
| **D** Billing Name and Address | | |
| **E** Type of Service (i.e., call waiting, touchtone) | | |
| **F** Class of Service (i.e., business) | | |
| **G** Number of Phone Lines | | |
| **H** Primary Inter-exchange Carrier (PIC) Information | | |
| **I** Local Primary Inter-exchange Carrier (LPIC) Information | | |
| **3** All other Customer Service Records Information (other than CPNI items above) | x | |
| **4** Obtain Cost of Billed Services | x | |
| **5** Request Busy/Traffic Study | x | |
| **6** Request Toll Study within Service Area | x | |

**This authorization shall remain in effect (check one):**

[x] Until notified of cancellation in writing ***or***

[ ] From _____ to _____ (MM/DD/YY - Not to exceed one year)

**Company Name:** _____

**Address:** _____

**City, State, Zip:** _____

**Account Number:** _____

_____
**Authorized Customer Signature**

_____
**Name (Printed/Typed)**

_____
**Title of Signing Party**

_____
**Date Signed**

**List of separately billed telephone accounts:**

_____

_____

_____

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