



REQUEST FOR NON-PUBLISHED

This is to certify my understanding of the arrangement under which you are furnishing incoming service to my telephone at my present address or at any other address to which the telephone may subsequently be moved.

I understand that my telephone number will be omitted from all directories and directory assistance records of the telephone company. This number with the exceptions, hereinafter noted, will not be disclosed even though the calling party alleges that completion of the call is necessary or desirable because of an accident, serious illness, or other alleged emergency circumstances. I further understand that the telephone number may be disclosed to other telephone companies and their agents or employees in connection with telephone business operations and that the telephone number may be disclosed to law enforcement agencies, 911 agencies and their personnel upon lawful demand. It is understood that non-published telephone service is solely an accommodation to me and there shall be no liability on the part of Tri-County Communications Cooperative, Inc.

It is also understood, that my name and phone number will be displayed whenever I call someone who subscribes to Caller ID, even if I do not subscribe to Caller ID. If you do not want your name and number to be displayed to the person you wish to call, simply dial *67 IMMEDIATELY BEFORE you place the call. Listen for the second dial tone and then dial the number you wish to call. Instead of your name and number being displayed, the person you call will see a message such as "PRIVATE" or "ANONYMOUS" on their Caller ID display.

Name (Please Print)

(Telephone Number/Member Number)

Signature

Date

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This is to advise you that, under no circumstances, is Billing Name and Address information to be released to anyone for any purpose. I understand that I will NOT be able to place third number and telephone company joint used calling cards or receive collect calls on my telephone number.

Name (Please Print)

(Telephone Number/Member Number)

Signature

Date

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This is authorization to release my Billing Name and Address information to long distance carriers.

Name (Please Print)

(Telephone Number/Member Number)

Signature

Date

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Cheryl Rue, Chief Executive Officer

Date