



## Responsible Organization Letter of Authorization

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain phone service numbers, I hereby authorize Northeast Rural Services d/b/a BOLT™ Fiber Optic Services, to be the Responsible Organization, new Carrier, for the following phone service numbers, including on my behalf, and at my direction, to transfer the Responsible Organization.

**Current Provider Account Number:** \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_

**Printed Customer Account Name:** \_\_\_\_\_

**Customer Billing Address:** \_\_\_\_\_

**Customer Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

New Carrier: Northeast Rural Services d/b/a BOLT™ Fiber Optic Services

**Phone Numbers to Port and Type:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Customer Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

ATA: Yes    No

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_