Valley Telecommunications, Inc. DBA Valley FiberCom
PO Box 7 - 102 Main St S - Herreid, SD 57632
PO Box 107 - 209 Kasan Ave - Volga, SD 57071
Ph: 1-866-45FIBER- www.valleyfibercom.com

Application for Exemption from Directory Assistance Charges

Name of Disabled Person Applying for Exemption (print)

Last Name / First Name / MI

Address

City / State / Zip

Area Code & Telephone Number

Person to Whom Exempt Telephone Number is Billed
(if other than Applicant)

Last Name / First Name / MI

I hereby certify that the applicant is a full-time resident member of my household. In the event that the applicant named herein ceases to reside full-time in my household, or if the disability described herein ceases to exist, I will promptly advise Valley FiberCom of this fact.

Signature of Person to Whom Service is Billed

Please Note: Exemption will be effective with the first billing date following the processing of this application.

This Section To Be Completed ONLY By The Certifying Authority

The Certifying Authority must be a reputable professional whose knowledge and competence under the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for, and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstance is generally accepted and acknowledged.

The Above Applicant is:

- ☐ Legally Blind
- ☐ Visually Disabled
- ☐ Physically Disabled
- ☐ Other _____

Please see Page 2 for disability legal descriptions.

I certify that the applicant named herein has the disability as indicated above that prevents him/her from using a telephone directory and/or manually completing tele-

Signature of Certifying Authority

Title and Agency

Date of Certification

The facts in this application may be reviewed periodically by Valley FiberCom.

Please return completed application to:

Valley FiberCom
PO Box 7 - 102 Main St S
Herreid, SD 57632-0007

For Company Use Only:

Date Received: _____

Issued By: _____

Completed By: _____

Legal Definitions of
Visual, Physical and Mental Disabilities

Legally Blind	Those whose visually acuity is 20/200 or less in the better eye with corrective glasses or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
Visually Disabled	Those whose visual disability, with correction and regardless of optical measurement with respect to “legal blindness” are certified as unable to read normal printed materials.
Physically Disabled	Those who are certified by a competent authority as unable to read or use ordinary printer materials, as a result of physical limitation, such as loss of hands, or use and control of hands; constant severe tremor; spasticity or paralysis; uncorrectable double or triple vision; incapacitating confinement, as in an iron lung; severe debilitating conditions such as found in advanced Parkinson’s disease, cancer, and the aftermath of a stroke.
Mental Limitation	Any person who has been diagnosed as having significantly sub-average intellectual functioning existing concurrently with demonstrated defects in adaptive behavior and manifested during the developmental period.

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