DENY ORIGINATION

PERSONAL SAFETY EXEMPTION FORM

Customer Certification

If you are requesting Deny Origination, the responsible party must sign below.

CUSTOMER REQUESTING DENY ORIGINATION:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

TELEPHONE NUMBER WHERE DENY ORIGINATION WILL BE ASSIGNED:

_____

Advisory: In the event the customer elects to receive local and long distance calls and the line is equipped with Deny Origination, that line will not be allowed any outgoing service.*

Should an emergency arise, poison control centers, hospitals, medical centers and others will not be able to be reached.

*Access to 911/E911 is NOT allowed when Deny Origination is in place.

BY MY SIGNATURE ABOVE REQUESTING DENY ORIGININATION, I ALSO, ACKNOWLEDGE THAT I UNDERSTAND THE ABOVE ADVISORY ON THE DENY ORIGINATION FEATURE AND I RELEASE VALLEY TELECOMMUNICATIONS COOPERATIVE ASSOCIATION FROM ALL CLAIMS AND LIABILITY, INCLUDING PERSONAL INJURY, CAUSED BY MY ELECTION TO RECEIVE THE DENY ORIGINATION FEATURE.

****This form must be returned via US Postal Mail to:**
Valley FiberCom, PO Box 7, Herreid, SD 57632