



**ELECTRONICALLY SIGNED REQUEST TO LIFT A FREEZE
OF A PREFERRED SERVICE PROVIDER(S)**

Subscriber's Name _____
(Must be exactly as it appears on current bill)

Subscriber's Address _____
(Must be exactly as it appears on current bill)

City _____ **State** _____ **Zip** _____

The undersigned Subscriber requests CenturyLink to "lift" the following described freeze(s).

LEF
Local Service
(Dial tone Service)

LPIC
Local Long Distance or Toll Service
1+ IntraLATA service, Local In-state Long Distance

PIC
Long Distance Service
(1+ InterLATA service, State to State)

Marking the box adjacent to the identified Service(s) is a separate request from, and authorization by, the undersigned Subscriber to CenturyLink to lift the freeze of the Preferred Service Provider(s) of the service(s) for the telephone number(s) below. The Subscriber may choose to remove one, two, or all of the freezes.

Only the telephone numbers listed below are covered by this "Freeze Removal" Authorization and those on an attached document or file. Fill in this form identifying the main telephone number below and the type of freeze you want removed from each of your lines. To ensure accurate attachments, you must put the same date as this form and your name on each attachment page.

Subscriber's Main Telephone Number: LEF LPIC PIC (_____) _____ - _____

Additional Telephone Numbers:

LEF LPIC PIC (_____) _____ - _____ LEF LPIC PIC (_____) _____ - _____

LEF LPIC PIC (_____) _____ - _____ LEF LPIC PIC (_____) _____ - _____

LEF LPIC PIC (_____) _____ - _____ LEF LPIC PIC (_____) _____ - _____

LEF LPIC PIC (_____) _____ - _____ LEF LPIC PIC (_____) _____ - _____

LEF LPIC PIC (_____) _____ - _____ LEF LPIC PIC (_____) _____ - _____

The phone number(s) listed on this Authorization are listed in my name and/or I am authorized to lift the freeze(s) for the phone number(s) set forth above. There is no charge for lifting the freeze.

Type Name: _____ **Date (MM/DD/YY):** _____

Type Title: _____ **Return e-mail address:** _____

This form uses an electronic signature. By completing it and directing it, via email to PicFreezeRemoval@centurylink.com from the Subscriber's email address, you are evidencing that you have and shall be deemed to have signed and dated this form and the attachments lifting the freeze(s) described above.

CenturyLink Internal Use Only		
Order #: _____	Representative: _____	Date Received: _____
SLS Code (Bus. Only): _____	TN: _____	Date Processed: _____