

**Customer Service Information Request Form**

**Page 1 of 1**

**All Field are REQUIRED unless marked with a \***

**ADMINISTRATIVE SECTION**

**To: Responding Company**

**Date & Time Request Sent**

**Transaction Number**

**Type of Service** [ ]Business [ ] Residential

**REQUESTING COMPANY INFORMATION**

**From: Requesting Company**

**Initiator Name**

**Telephone Number**

**Mailing Address**

**Fax Number**

**\*E-mail**

**Preferred Response Means ( ) Fax ( ) Email**

*Responding company to notify requesting company if preferred means will not be used.*

*Faxed requests and responses must be accepted.*

**CUSTOMER INFORMATION**

**Billing Telephone Number**

**\*Account Number**

**Name**

**Service Address**

**City, State**

**End User Authorization Obtained?** [ ] Yes [ ] No

**Provide Circuit ID if Circuit is reusable** [ ] Yes [] No

**RESPONSE REASONS AND CODES**

**\*Response Reason**

**\*Response ID Number**

*Response Codes*

*001 Account telephone number and/or customer location not found*

*018 Supplied account information does not match active customer account*

*052 Account exceeds maximum page or fax limit (20 pages); response to be mailed in 24 hours*

*501 Required requesting company contact information incomplete; required fields blank or end-user*

 *authorization not obtained*

**REMARKS**