

Freeze Lift Authorization

Customer Billing Name: _____

(Must be same name as Membership)

Customer Mailing Address: _____

Telephone Number(s): _____

Customer's month and year of birth, mother's maiden name **or** last four digits of the customer's social security number: _____

Please complete the following for each service that you wish to lift the freeze:

I wish to remove the freeze for the telephone number(s) listed above for intraLATA (local toll) service.

Current preferred intraLATA (local toll) company: _____

Customer's signature: _____

Date: _____

(Must be same name as Membership)

Customer's printed name: _____

I wish to remove the freeze for the telephone number(s) listed above for interLATA (long distance) service.

Current preferred interLATA (long distance toll) company: _____

Customer's signature: _____

Date: _____

(Must be same name as Membership)

Customer's printed name: _____

Mail this form to:
Colorado Valley Telephone Cooperative, Inc.
P. O. Box 130
La Grange, TX 78945

Or FAX to: 979.247.5160