



## Applicant Information

Last name:		First name:		M.I.	Contact number (where we can call with questions):
					Contact email:
Billing address: (if different than the physical address)				County service will be in:	Have you had, or do you currently have any RGTC services such as Telephone, Internet, or Video? YES or NO
City:		State:	Zip:		<b>Lifeline Credit: on Telephone or Internet</b> Do you qualify for the <b>LIFELINE</b> Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, additional forms will need to be completed.
Physical 911/directory address for service:					
City:		State:	Zip:		Property: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous address:		Name of Landlord:		Contact #:	
Social Security #:			Employer:		Or other source of income:
Driver's license #		What state?		Date of birth	Date requesting service:

**Information for Other Adult(s) Living in the Household**(required):  Joint accountholder  Authorized user  Neither

Last name:		First name		M.I.	Cellular phone #:	
Social Security #:		Driver's license #:		What state:	Date of birth:	Employer:

### CIVIL RIGHTS COMPLIANCE / DATA COLLECTION POLICY

As a recipient of Federal assistance, Richland-Grant Telephone Cooperative is required to identify and document, as accurately as possible, the racial/ethnic data of the eligible population in our service area. The information you provide will be used only for Federal government reporting purposes. Please note, your response is optional. You may contact the General Manager at (608) 537-2461 with any questions. *Thank you for your assistance.*

RACIAL/ETHNIC GROUP:  White  Black  Hispanic  American Indian or Alaskan Native  Asian or Pacific Islander

**REQUIRED:** 1. Provide an account password: \_\_\_\_\_ (number or letters)

2. Password hint that will remind you: \_\_\_\_\_ **Example: Password: Spot Hint: first pet**

In accordance with The Federal Communications Commission (FCC) Customer Propriety Network Information (CPNI) rules, only persons listed on your account can access or change information. The FCC requires telephone companies to ask for a photo ID of all customers at a retail location or for a password when a customer calls with questions involving CPNI.

List the full name of *authorized users other than the account holders*: \_\_\_\_\_

In making this application for service with Richland-Grant Telephone Cooperative,

I/we agree to pay the established rates for all services and/or equipment.

I/we agree to pay installation fees (\$40-\$100) if services are not kept for a minimum 6 months.

I/we agree to the rules and regulations of the Cooperative as set forth in the exchange tariff.

I/we also authorize Richland-Grant Telephone Cooperative to order a consumer credit report and verify other information.

I certify that I am at least 18 years of age.

As a customer, you are a member of this Cooperative. No membership fee is required and no certificate is issued. Membership is automatic upon installation of service and so reflected on Cooperative books.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**>>> ADVANCE PAYMENT will be determined by credit check—Payment is applied to the bill <<<**

Please complete the back side: \_\_\_\_\_ →

**If You are Applying for Any Phone Package, Please Complete This Section:**

**Do you want to keep your current phone number?** Phone #: \_\_\_\_\_ Company: \_\_\_\_\_

Exact Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_ Pin: \_\_\_\_\_ Password: \_\_\_\_\_

**Directory Listing Information:**

- Published (Free)     Unlisted (\$1.25/mo. (Number is available from Directory Assistance)  
 Non-published (\$1.25/mo. (Number is *not* available in the directory or from Directory Assistance)

Name(s) as it should appear in the directory:	Extra listings: (\$1.25/mo)
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**Long Distance Options:**

<p><b>Choose a toll carrier for each LATA or block long distance:</b>                  InterLATA (outside 608 area code): _____                   IntraLATA (within 608 area code): _____                  For the Free Long Distance to the 48 contiguous in our Unlimited Voice Packages, choose RGLD for both LATAs</p>	<p align="center"><b>Primary Interexchange Carrier (PIC) Freeze:</b>                  This <i>FREE</i> service prevents another carrier from changing your long distance without your permission. (also known as Slamming)  <input type="checkbox"/> Yes (recommended)      <input type="checkbox"/> No</p>
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**900/976 Number Option: (choose one)**  
 Yes, block all 900/976 calls made from my phone (no charge)     Do not block. I will be responsible for all 900/976 charges.

**Optional Features Included Free in Voice Packages:**     **the ones you would like to use:**

Most Popular Calling Features:	Other Available Calling Features:	Additional Service Options (Pricing Varies by Service)
<input type="checkbox"/> Caller ID (Name & Number)  <input type="checkbox"/> Caller ID (Name, Number, & Call Waiting)  <input type="checkbox"/> Voice Mail (VM answers after _____ # rings)  <input type="checkbox"/> Voice Mail-To Email Notification Email address: _____	<input type="checkbox"/> 3-Way Conference <input type="checkbox"/> 8# Speed Dial <input type="checkbox"/> 30# Speed Dial <input type="checkbox"/> Automatic Call Back <input type="checkbox"/> Automatic Recall <input type="checkbox"/> Call Forward ...including... Fixed Call Forward Variable Call Forward Remote Access Call Forward <input type="checkbox"/> Toll Control with pin # <input type="checkbox"/> Selective Call Acceptance <input type="checkbox"/> Selective Call Rejection	<input type="checkbox"/> <b>Teen Line/Distinctive Ring \$3.00 /month</b> <input type="checkbox"/> <b>Inside Wire Maintenance \$1.25 /month</b> (Covers RGTC installed wiring in the premise) <input type="checkbox"/> Installation of inside wiring (Contact the office for detailed pricing) <input type="checkbox"/> Lease a telephone (monthly fee) <input type="checkbox"/> Leased RGTC phones are at this location <input type="checkbox"/> Request outside extensions

**If You are Applying for Internet Service, Please Review This Section:**

**REQUIRED WIFI PASSWORD:** Please provide a Wifi Password that contains a minimum of 8 characters.

Password: \_\_\_\_\_

**OPTIONAL FREE MWT EMAIL:** A home page with 2 ½ mg memory.

An MWT login is not necessary for general Internet use. Only complete the boxes with your information **if** you would like to use an MWT (Midwest Tel Net) email address. The format would be: (your chosen login) @mwt.net. If you would like more than the 2 below, please tell your customer service representative.

**LOGIN & PASSWORD:** Please put 1 alphanumeric character (numbers or letters) in up to 8 of the boxes.

Login 1										Password 1								
Login 2										Password 2								

\*Upon completion of filling out the application, click "Save As" or download the document to save your application onto your device. Then email us the saved application (pdf).