

3. Third Party Notification Request
(To be completed and signed by customer)

I request that the Company send to the person designated below notification of all past-due bills for the account, notices of termination of service and notices of a right to a hearing at the Mass. Dept. of Telecommunications and Cable. I acknowledge that the designated third party does not incur any liability for the payment of my account. I agree that the Company incurs no liability whatsoever for failure to provide the requested notice for any reason.

Name of Person or Agency to be Notified (Please Print)

Street Address _____

City _____ State _____ Zip _____

Customer Signature _____

Telephone Number (_____) _____
of Third Party

**Important Information
for Households in which
all Adult Residents
are 65 Years of Age
or Older**



Verizon developed procedures in 1978, in accordance with the Massachusetts Department of Telecommunications and Cable (DTC) regulations, which provide special protection to households in which all residents are 65 years of age or older. These procedures provide that the Company may not discontinue service to those properly identified households without written approval of the DTC.

Furthermore, such customers may designate a third party of their own choice to whom the Company will also send notices of past-due bills. Sending discontinuance of service notices to a third party does not place an obligation on that party to pay the bill, nor will it necessarily defer or prevent the disconnection of service if payment is not made as required. A customer may voluntarily request the protection afforded by

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these procedures by completing and signing this form and returning it to Verizon. Please mail signed form separately - do not send with your payment. The business office also has a supply of these forms.

The protections afforded by these procedures will remain in effect until withdrawn by the customer or service is removed for reasons other than nonpayment. Therefore, if you have previously notified us and there is no change in the status of your account relative to these procedures, it is not necessary to return this form. Please enclose the completed form in a sealed, stamped envelope and mail it to:

Verizon
Attention: Elder Protection Form Processing
P.O. Box 4846
Trenton, NJ 08650-4846

Age 65 Or Over Notification and Third Party Designation

1. Age 65 Or Over Notification (To be completed and signed by customer)

I hereby certify that I am the customer of record for the account specified below, and that I and all other adult residents of my household are 65 years of age or older, and that all the information given below is true and correct:

(Please Print)

My Name _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Customer Signature _____

Telephone Number (____) _____

2. Other Adult Residents (Please Print)

Name _____

Date of Birth _____

Name _____

Date of Birth _____

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