



LAKEDALE
COMMUNICATIONS

**Application Form
Local Service
Carrier Selection**

9938 State Hwy. 55 NW • PO Box 340
Annandale, MN 55302-0340
Metro: 763-675-3400
1-800-546-4963
Fax # 320-274-7178

For residents and businesses throughout Minnesota EXCEPT FOR the communities of Annandale, Maple Lake, Montrose, Paynesville, South Haven, and Waverly.

FOR OFFICE USE ONLY
PON / S.O. #:
CSR:

This is to authorize my selection of Lakedale *LINK* to provide my local telephone service and/or long distance service, as indicated below, and to act as my agent for my change of local carrier. I understand I can designate just one company to provide my local phone service at any one telephone number.

Date: _____ Date Service Requested: _____

Residential Business
 Convert w/Changes Convert "As Is" Current Provider: _____
 New Install New Construction Yes No Assigned Phone #: () _____

Is there working service at this location now? Yes No
 I wish to keep my present phone numbers: Yes No

() _____	() _____	() _____
() _____	() _____	() _____

Local Service with Lakedale *LINK*: Yes No, not at this time
 Long Distance Service with Lakedale *LINK*: Yes No, keep carriers as is

Long Distance Carriers: InterLATA IntraLATA

Name: _____ SS#: _____
(Please Print Name Clearly)

"Mailing" Address: _____

City: _____ State: _____ Zip: _____

"911 Address: _____ City: _____ Zip: _____
Apt./Lot, Etc.

Previous Address: _____

Employer Address/Telephone No.: _____

Daytime Contact #: _____

Service Requested by: _____

I hereby subscribe to Lakedale *LINK* local telephone service and/or other services at my residence or business and agree to pay for all services including toll services, if applicable, when bills are rendered. Partial payments to my account will be applied to the telephone portion of my bill first. I understand late payment and bank charges are also assessable.

Applicant Signature: X _____ Date Signed: X _____

No person under the age of 18 may legally sign this application.

