



LAKEDALE
COMMUNICATIONS

Application Form
Local Telephone
Service

9938 State Hwy. 55 NW • PO Box 340
Annandale, MN 55302-0340
320-274-8201 • 320-243-3343 • 763-675-3400
1-800-223-9694
Fax # 320-274-7178

For residents and businesses in Annandale, Maple Lake, Montrose, Paynesville, South Haven, and Waverly.

| |
|--------------------------------|
| FOR OFFICE USE ONLY |
| S.O. #: |
| CSR: |
| EXCHANGE: |
| ASSIGNED TELEPHONE #: |

Date: _____ Date Service Requested: _____ Social Security #: _____

Directory Listing(s): Name(s): _____
(Last) (First) (Middle Initial)

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

Additional Directory Listing(s): _____

Billing Name:* _____
(If different from Directory Name)

Billing Address:* _____
(If different than 911 Address)

City:* _____ State: _____ Zip: _____

_____ Residential _____ Business

_____ New Install (This location has had service before.) _____ New Construction (This location has had NO previous telephone service.)

Long Distance Carriers: _____ InterLATA _____ IntraLATA

| | | | |
|------------------------------|-----------------|-------------------|----------------|
| Directory Info: (Choose one) | _____ Published | _____ Unpublished | _____ Unlisted |
| Accept Collect Calls? | _____ Yes | _____ No | |
| Accept Third Number Calls? | _____ Yes | _____ No | |
| Block 900 Number Calls? | _____ Yes | _____ No | |
| Want an 800 Number? | _____ Yes | _____ No | |
| Want a Calling Card? | _____ Yes | _____ No | |
| Want Internet Service? | _____ Yes | _____ No | |

Daytime contact #:* _____

Employer Name & Address:* _____

Work #:* _____ Hire Date: _____ Position: _____

Spouse/Co-Applicant:* _____ Social Security #: _____

Employer Name & Address:* _____

Hire Date: _____ Work #: _____

Do you rent?* _____ If so, from whom?* _____
(Name and telephone #)

Nearest relative & telephone #:* _____

Other adult occupants of the household:* _____

Where do you bank? _____

Your previous address:* _____

Last telephone #:* _____ Date disconnected:* _____

Last telephone company:* _____

*** The above information must be completed or a surety deposit will be required.**

| BLS* | Monthly Charges | Non-Recurring | Monthly Recurring |
|--|--|---------------|-------------------|
| | New Construction Charge | | |
| | Installation Charge | \$41.25 | |
| | Premise Visit Charge | | |
| * | Digital Access Rate | | \$14.95 |
| * | EAS (Extended Area Service) Applies to Maple Lake, Montrose & Waverly residents only. | | |
| * | FCC Access Charge | | \$6.50 |
| * | State Fees: 911, TAP, and TAM | | \$0.88 |
| * | Federal Universal Service Charge | | \$0.80 |
| * | Local Number Portability Charge | | \$0.17 |
| * | Calling Features | | |
| * | Voice Mail | | |
| | Other | | |
| | Other | | |
| | Other | | |
| | Other | | |
| | State Tax | | 6.875% |
| | Federal Tax | | 3.0% |
| | Total Current Charges | | |
| <ul style="list-style-type: none"> ➤ *BLS (Basic Local Services) are monthly recurring charges that are billed in advance. ➤ Your initial billing statement will include Install Charges and monthly recurring charges from date of install plus one month in advance. ➤ Partial payments to your account will be applied to the telephone portion of your bill first. ➤ Charges and rates noted above were computed from information at the time of your application for telephone service. Unforeseen or requested changes or additions may affect your charges as listed above. | | | |

Features Desired: _____

Remarks: _____

The undersigned will grant to the Company the necessary rights, privileges, and easements to construct, operate, replace, repair, and perpetually maintain on the property owned or leased by the Undersigned, and in or upon all roads, streets, or highways abutting said property, its line or lines for the transmission or distribution of communications and will execute and deliver to the company any conveyance, grant or instrument which the Company shall deem necessary or convenient for said purposes or any of them. All service lines supplying the Undersigned with communications and all telephone appliances and equipment constructed or installed by the Company on said property, except so much thereof, if any, as shall be paid for by the Undersigned shall at all times be the sole property of the Company and the Company shall have the right of access to said property to repair and service, and upon discontinuance of service for any reason to remove the same.

The Undersigned requests Lakedale Communications (Lakedale), Annandale, Minnesota, to furnish telephone service and equipment as specified above, and as may be ordered from time to time, either orally or in writing.

I personally will guarantee full payment by the company or corporation above named and will be personally obligated to pay all accounts incurred by all orders, placed by the named business, be it a corporation or a proprietorship.

I hereby subscribe to Lakedale for 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. I understand late payment and bank charges are also assessable.

Applicant Signature

Date

Spouse/Co-Applicant Signature

Date

**No person under the age of 18 may legally sign this application.
Mail or fax this completed form to our Customer Service Center.**

| FOR OFFICE USE ONLY | | | |
|--------------------------|------------------|------------|---------------|
| CA: | PR: | Map #: | Ped: |
| Customer given: | Telephone Number | Y N | Directory Y N |
| Notes: _____ | | | |
| Surety Deposit Required: | _____ Yes | _____ No | Amount _____ |
| Credit Info: | _____ | | |
| Credit Limit: | _____ | | |
| Date Surety Requested: | _____ | Date Paid: | _____ |