 

**To All La Jicarita Rural Telephone Cooperative and Northern New Mexico Telecom Customers:**

In order to comply with the FCC rules governing the use and protection of customer proprietary network information (CPNI) we are required to authenticate any person accessing account information. For your security, there are only two ways for you to access your account information.

1) By visiting the office and requesting the information in person at the LJRTC/NNMT office. A valid form

of identification or password may be required in order to confirm that information is being released to

an authorized party.

2) By calling the LJRTC/NNMT office and requesting the information. Account Information will not be

released over the phone without a valid password. A password can be set up by either completing this

form or visiting our office.

Please complete the following information:

Customer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Account or Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your New Password **(4-8 letters/numbers)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event you forget your password we can provide you with a back-up question that we can use to help identify you. Please answer **ONE** of the following questions. **PLEASE ONLY CHOOSE ONE.**

What was the color of your first car? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What community did you grow up in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your favorite food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Only persons listed on your account will be able to receive or change information related to your account unless specific

authorization is given to allow others access to the information. If you would like to authorize anyone that is not currently on the account to access the account information, then please list up to **four (4) authorized persons in line below.** It is your responsibility to make sure they have the password you provided in order to access/change account information.

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**Please check one of the following:**

\_\_\_\_\_\_\_\_ I give my consent for LJRTC/NNMT to use CPNI to tailor its service offerings.

\_\_\_\_\_\_\_\_ I do not consent to LJRTC/NNMT to using CPNI data except where required by law.

**THIS FORM SHOULD BE COMPLETED AND RETURNED NO LATER THAN 30 DAYS FROM DATE RECEIVED IN ORDER TO ALLOW ACCESS TO YOUR ACCOUNT DATA USING A PASSWORD**. If we do not receive the form, or one of the above boxes is not checked, LJRTC/NNMT will assume you do not give consent to use of CPNI. You may mail this form back with you payment, bring it to the office, or leave it in the drop box. You may change or update any of the data submitted on this format any time by contacting LJRTC/NNMT. Please call (575) 387-2216 if you have any questions.

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