



Application for Exemption from Directory Assistance Charges

Applicant (Disabled Person)			Person to Whom Exempt Telephone Number is Billed (if other than Applicant)		
Last Name	First Name	MI	Last Name	First Name	MI
Address			<p>I certify that the Applicant is a full time resident member of my household. If the Applicant ceases to reside full time in my household, I will promptly advise Midcontinent Communications.</p> <p style="text-align: center;">Signature of the person billed for exempt telephone number:</p>		
City					
State	Zip Code				
(____) _____ (____) _____ Telephone Number(s) to be Exempt (include area code)			<p style="text-align: center;">Signature of the person billed for exempt telephone number:</p>		
Applicant agrees to promptly advise (or cause to be advised) Midcontinent Communications if the disability described here ceases to exist.					
Signature of Applicant (or person authorized to act on behalf of the Applicant):					

Section below to be completed ONLY by the certifying authority

The Certifying Authority must be a reputable professional whose knowledge of the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge under the specific circumstances is generally accepted and acknowledged.

The above Applicant is: _____ Blind _____ Physically Disabled (describe below)

_____ Visually Disabled _____ Reading/Mentally Disabled (describe below)

Description: _____

I certify that the applicant has the above disability that prevents them from using a telephone directory and/or from completing telephone calls.

Signature of Certifying Authority: _____ Date: _____

Printed Name: _____ Telephone Number: _____

Title: _____ Agency: _____

The facts in this application may be reviewed periodically by Midcontinent Communications

Return completed application to:
 Attn: Operations Support
 Midcontinent Communications
 P. O. Box 5010
 Sioux Falls SD 57117-5010