



Order #

Representative: _

REQUEST TO LIFT FREEZE(S) OF A PREFERRED SERVICE PROVIDER(S)

Subscriber's Name	(Mu	st be exactly as it appears on current bill)					
Subscriber's Address							
City		ist be exactly as it appears on current bill)	State		Zip		
The under	signed Subscriber	requests Qwest to "lift" the follo	wing de	scribe	d freez	e(s).	
<u>LEF</u>		<u>LPIC</u>		<u>PIC</u>			
Local Service (Dial tone Service)		Al Long Distance or Toll Service TA service, Local In-state Long Distance)		Long Distance Service (1+ InterLATA service, State to State)			
to Qwest to lift the freeze of may choose to remove one,	of the Preferred Serv , two, or all of the free		he teleph	one nu	mber(s) below. The S	
Only the tel	lephone numbers li	sted below are covered by this "	Freeze F	Remova	l" Autl	horization.	
Subscriber's Main Tele	ephone Number:	LEF 🗆 LPIC 🗆 PIC 🗅 ()				
Additional Telephone N	Numbers:						
LEF □ LPIC □ PIC □ (LEF □ LPIC □ F	PIC (- (_)	-	_
LEF □ LPIC □ PIC □ ()	LEF □ LPIC □ F	PIC (- (_)	-	
LEF LPIC PIC (LEF □ LPIC □ F	PIC (- (_)		_
LEF □ LPIC □ PIC □ ()	LEF □ LPIC □ F	PIC (- (_)	-	_
LEF LPIC PIC (LEF □ LPIC □ F	PIC (- (_)	-	_
LEF LPIC PIC (LEF □ LPIC □ F	PIC (- (_)	-	_
LEF □ LPIC □ PIC □ (LEF □ LPIC □ F	PIC (- (_)	-	_
The phone number(s) listed	on this Authorization	are listed in my name and/or I am	authorize	ed to lift	the free	eze(s) for the ph	one
number(s) set forth above. 1	_	-					
Signature:		Date (MM/DD/YY):					
Printed Signature:	·	Title:_				_	
PLEASE MAIL COMPLE		QWEST % Richard Lundy 7880 Mesquite Bend Dr. Irving, TX 75063					
OR FAX TO: (800) 236-	-6992						
Qwest Internal Use Only	,					Date Received:	

SLS Code: LS1XLF3 (Bus only)

TN: _

Date Processed: