

Figure: 16 TAC §26.130(j)(14)

Freeze Lift Form

Customer billing name: _____
Customer service address: _____
City, state, zip code: _____
Customer mailing address: _____
City, state, zip code: _____
Telephone number (1): _____
Telephone number (2): _____
Telephone number (3): _____
Customer's month and year of birth, the customer's month and day of birth,
mother's maiden name, or last four digits of the customer's social security number:

Please complete the following for each service that you wish to lift a freeze:

I wish to remove a freeze for the telephone number(s) listed above for **local toll** service.

Current preferred local toll company: _____
Customer's signature: _____
Date: _____
Customer's printed name: _____

I wish to remove a freeze for the telephone number(s) listed above for **long distance** service.

Current preferred long distance company: _____
Customer's signature: _____
Date: _____
Customer's printed name: _____

Mail this form to:
(Name of local telephone company)
(Address)
Or FAX to: (FAX number)