



Emily Cooperative Telephone Company

P O Box 100
Emily, MN 56447

APPLICATION FOR TELEPHONE SERVICE

Revised 03112019

Phone (218) 763-3000 800-450-1036 Fax (218) 763-2042

1. Name Please print your name as you want it in the directory)

Billing Address

City, State & Zip

Social Security Number Necessary for Membership and Capital Credit payments

Spouse's Name & Social Security Number (If joint membership)

2. Do you own or rent the property

3. Service Requested: Telephone High Speed Internet IPTV

4. Have you ever had Emily Telephone or other services before? (Residential Telephone service is \$20.00 per month.)

5. When would you like your service installed?

6. Please provide us with a daytime telephone number to reach you:

7. Do you wish to disconnect and reconnect each year to fit your own schedule There is no fee at the time of reconnect.)

8. Would you like phone jacks installed by us? How many (billed at time & materials)

9. Do you request any of the following at no charge:

- 900 Number Block Collect Call Block Third Party Billing Block
Anonymous Call Rejection ID Line Block Toll Restrict (800 Capability)

Connections to the Community... and the World

(A) TELEPHONE APPLICANTS:

10. Do you wish to have any of our Custom Calling features?

(The charge is \$2.50 per month for each feature unless marked otherwise)

- | | |
|---|--|
| <input type="checkbox"/> Call Waiting | <input type="checkbox"/> Call forwarding - (fixed or variable) |
| <input type="checkbox"/> Speed Dialing –8 numbers | <input type="checkbox"/> Three Way Calling |
| <input type="checkbox"/> Speed Dialing – 30 numbers (\$3.00) | <input type="checkbox"/> Call Transfer |
| <input type="checkbox"/> Caller ID | <input type="checkbox"/> Priority Ringing |
| <input type="checkbox"/> Preferred Call Forwarding | <input type="checkbox"/> Call Return |
| <input type="checkbox"/> Call Screening | <input type="checkbox"/> Repeat Dialing |
| <input type="checkbox"/> Special Call Acceptance | <input type="checkbox"/> Remote Active Call Forwarding |
| <input type="checkbox"/> Caller ID w/Name (\$5.50) | <input type="checkbox"/> Toll PIN Control (\$3.50) |
| <input type="checkbox"/> Telemarketing/Do Not Disturb (\$3.50) | |
| <input type="checkbox"/> Caller ID w/Name-Call Waiting (\$8.50) | |

Call Trace is automatically on all lines and is billed at \$1.00 per completed trace.

11. Do you wish to have an 800 number? _____

12. Do you request an unlisted number ____ (\$0.00/month) or non-pub number ____ (\$0.00/month)
(If yes, read REQUEST TO WITHHOLD BILLING NAME AND ADDRESS on attached form.)

13. Do you wish to have Voice Mail? _____

- Standard (\$3.50, 2 minutes per message, 20 messages)
- Standard Plus (\$4.50, 3 minutes per message, 30 messages)
- Premium (\$6.50, 3 minutes per message, 40 messages)
- Voice mail to e mail alert \$1.50 per month

14. Do you want Long Distance capabilities? _____

The ability to call 800 numbers only? _____

(You must select a carrier for long distance. Please ask our CSR's for information)

(B) HIGH SPEED AND IPTV APPLICANTS:

Emily Cooperative Telephone Company also offers High Speed internet access and IPTV available to be bundled with telephone service in different speeds and programming packages.

Please request the application that fits your needs.

(C) LOCATION (PHONE APPLICANTS)

1. How do we find your location?
E911 Address _____
2. Do we have to cross someone else's property to bury cable? _____

The applicant hereby grants to the Cooperative, an easement to construct, operate and maintain a communication line or system on, over, or under the land described below and in or upon all streets, roads, or highways abutting said land. The applicant further agrees that in the event that said applicant does not own all private land or lands necessary to be crossed, as stated above, they shall obtain, on forms provided by the Cooperative all necessary easements from the owner or owners of said land or lands, and shall submit same to said Cooperative prior to installation of service. Applicant hereby grants to the Cooperative access to the premises of applicant at all reasonable times for its purpose of installing, repairing, maintaining or removing any service to the premises.

3. **Please indicate in a drawing on the back of this page where buried facilities such as water, sewer, gas, electrical, etc. are located. Also show driveways, roads, lakes and where you would like the telephone outlets located.**

**** Note ** The Cooperative, it's directors, officers, employees and agents will not be responsible for damage to buried facilities not shown accurately.**

**** Note ** Construction charges may apply.**

- Please check one: [] Existing Structure
 [] New Structure
 [] Under Construction

The undersigned applicant hereby applies for and subscribes to membership of the Emily Cooperative Telephone Company (hereinafter "Cooperative"), a corporation organized under the laws of the State of Minnesota, for the purpose of receiving communication service, under the following terms and conditions:

1. The applicant must meet all conditions set forth in the Articles of Incorporation and Bylaws of the Cooperative, and pay any installation charge or deposit requested.
2. The applicant will comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Board of Directors.
3. The applicant will take from the Cooperative the communication service requested above to be used on the premises described and will pay monthly at rates to be determined with established tariffs with the Franchise Ordinance and the Articles and Bylaws of the Cooperative, it being expressly understood that all amounts paid for services by the applicant in excess of costs are furnished by him/her as capital and he/she shall be credited with the capital so furnished as provided in the Bylaws.
4. The applicant agrees not to tamper or interfere with the communications system, make fraudulent long distance calls or make obscene or harassing telephone calls and is aware that such actions are criminal offenses under Minnesota law and are punishable by a fine up to \$500 or imprisonment of up to 90 days or both. The applicant also agrees not to damage or tamper

with any of Cooperative's property and understands that the Cooperative intends to prosecute in a civil action, persons damaging or tampering with the Cooperative property.

The acceptance of this application by the Cooperative, shall constitute an agreement between the applicant and the Cooperative, and shall continue in force from the date service is available by the Cooperative to the applicant, and thereafter, until all communications service is permanently discontinued, provided however, that all easements granted hereunder shall continue to be in full force and effect.

The applicant certifies and warrants that he/she understands this application and its effect and that, to the best of the applicant's knowledge, has answered all questions correctly without misleading statements or omissions.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____
(if joint membership)

A legally married couple may apply for a joint membership and, subject to their compliance with the requirements set forth in Article 1 of the Bylaws of the Cooperative, may be accepted for such membership. The term "member" as used in these Bylaws shall be deemed to include a husband and wife holding a joint membership and provisions relating to the rights and liabilities of membership shall apply equally with respect to the holders of a joint membership.

By order of the FCC (Federal Communication Commission) Docket 91-115, dated August 9, 1993 and Second Order on Reconsideration of Docket 91-115 dated December 7, 1993 local exchange carriers are required to disclose customer billing name and address (BNA) information to interexchange carriers for the purpose of billing customers for the use of telecommunications services, for verification of presubscribed end users, verification of service orders of new customers, identification of customers who have moved to a new address, fraud prevention and similar non-marketing purposes.

Subscribers requesting an unlisted or non-published number are required to affirm in writing if they do not wish their BNA to be released. It is important to note that if you do not want your BNA released, your ability to make third party or local telephone company calling card calls or to receive collect calls will be denied. If you wish to prohibit your BNA release, you must sign the form below.

REQUEST TO WITHHOLD BILLING NAME AND ADDRESS

This is to advise Emily Cooperative Telephone Company that under no circumstances is my billing name and address information to be released to anyone for any purpose.

I understand that I will not be able to place third party and local telephone company calling card calls or receive collect calls on my telephone number.

Signed _____ Telephone Number _____

Telephone Service Discount Programs

Minnesota local service providers are authorized to provide two federally-funded and one state-funded telephone service discount programs that were designed to promote universal service by providing low-income individuals with new telephone service installations and monthly telephone service discounts. The federal Lifeline and state Telephone Assistance Plan programs provide a monthly discount on your local telephone service.

Who is eligible?

Telephone service must be in your name and you must participate in at least one of the following public assistance programs or have income at or below 135% of the federal poverty guidelines to be eligible:

- Medicaid/Medical Assistance
- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Supplemental Security Income (SSI)
- Federal Housing Assistance or Section 8 Assistance
- Veterans Pension and Survivors Benefit

If you do not participate in any of the above programs, you may still qualify if you prove your income is at or below 135% of the federal poverty income guidelines.

2017 Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines

Persons in Family or Household	Minnesota
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
For each additional person, add	\$5,616

Attach any one of the following documents to your application to prove your income is at or below 135% of the federal poverty income guidelines.

Last year's State, Federal or Tribal Tax Return	Social Security Benefits Statement
Current annual income statement from employer	Retirement/Pension Benefits Statement
A child support award	Divorce Decree
Veterans Administration Benefits Statement	Child Support Document
Unemployment/Workmen's statement of benefits	Other official document

Complete the application, attach proof of income and mail to your local telephone company.

Could I become ineligible?

When you no longer participate in any of the qualifying programs listed above, you are no longer eligible for LifeLine, LinkUp or TAP. You are obligated by law to notify the telephone company and advise the company that you are no longer eligible for LifeLine, LinkUp or TAP.