Citizens Fiber Optic Application and Service Agreement

Customer Information			Billing Inform		grooment	
Full Name			Full Name			
Street Address		1	Street Address			1
City						
	State	Zip	City		State	Zip
Phone Number			Cell Phone Number			
Email Address			Work Number			
Home Description			DOB			
			008		SS#	
Circle One Aerial U	Inderground		Subscriber Type	e Monthly	2 yr contract	
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Circle one Own R	ent					
PHONE						
ew Telephone Number Pol 2	rting Telephone Nu		Directory Listing			
<u>_</u>			3			
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ITERNET						
ocation	Use	ername				
1B/256K 5MB/2MB 25N					Password	
ndwidth (Circle one)		MB/4MB 1	00MB/25MB			
ABLE						
eline Basic Exte Package (circle one)	ended		во	Starz	Cinemax	
HD SD		PI	remiums (circle all that	apply)		
f set boxes	DVR					
50,00403	Loca	ations				

Citizens Fiber Optic Application and Service Agreement Terms and Conditions OWNERSHIP OF EQUIPMENT

1. Title of ownership of all the equipment installed/supplied from Citizens CableVision . to the customer shail remain

with Citizens Cable Vision at all times.

2. The customer shall use the equipment installed/supplied from Citizens CableVision in a careful and proper manner and return the equipment to Citizens CableVision in the same condition as received, reasonable wear and tear excepted. Citizens CableVision shall charge the customer's account for the cost of repairing or replacing equipment damaged while in the possession of the customer.

3. The customer agrees that if the equipment installed/supplied from Citizens CableVision is not returned on termination of service, the customer shall be liable to Citizens CableVision. For the costs of equipment and it's recovery. The customer also agrees to pay subject to any dispute resolution process costs and Attorney's fees arising out of any course of action to collect the above damages and any unpaid debt

4. The customer may be required to leave security deposits on equipment and services. It is understood that these

deposits are non-interest bearing and will be returned upon disconnection or termination of the service and when

the equipment has been returned in the same condition where it was received.

A full copy of Citizens CableVision standard terms and conditions can be

provided to the customer by request.

5. Citizens Telephone Company's internet service agreement requires compliance with all applicable laws and specifically prohibits the use of the Citizens Telephone Company's internet system for copyright infringement. Downloading copyrighted material such as music, movies, and videos without permission from the rightful owner violates the United States Copyright Act. Failure to comply may result in termination of service.

Termination Charges PRE-INSTALLATION CHARGES

Customers are subject to whatever pre-installation charges the company has incurred up to \$350.00 for all new service orders placed and disconnected after the start of installation has begun. This includes all outside/inside pre-wiring and placement of service equipment

SERVICE TERMINATION BY CUSTOMER

Customer may terminate this Agreement for any reason at any time by providing Citizens CableVision with at least twenty-four hours advance notice.

CUSTOMER AGREEMENT

I hereby confirm that I own the property listed or have secured the approval of the owner for the installation of cable tv internet and/or telephone service, including the trimming of trees and brush that interfere with the installation and operation of services. I authorize and accept as satisfactory the installation(s) and/or repair (s) noted herein.

I agree that the customer service representative went over the above charges that will be processed prior to the installation date. Any remaining charges will be billed on my first bill. The billing period runs from the 1st to the 30th of the following month. Payments are due on the 23rd of each month.

24 MONTH SERVICE CONTRACT WITH FREE INSTALLATION

In order to receive free installation from Citizens CableVision. I agree to subscribe to Citizens CableVision cable services for 24 consecutive months I understandthat should I cancel or if my service is terminated for non-payment prior to the 24 month agreement an early termination fee of up to \$200.00 will be charged to my account. I understand that any unreturned equipment will be billed to me (the customer) at current replacement cost. By signing this agreement I signify that I have read and understood the terms described in it.

Signature

Date

NO SERVICE CONTRACT WITH INSTALLATION CHARGES

By signing here I opt out of the 24 month contract and free installation. I understand that I am entitled to pay the installation fee for service(s) that I am going to receive. I understand that any unreturned equipment will be billed to me (the customer) at replacement cost. By signing this agreement I signify that I have read and understood the terms described in it.

Signature

Date

2:

Date:

TELEPHONE/CABLE TV LINE RIGHT OF WAY EASEMENT KNOW ALL MEN BY THESE PRESENTS, that the undersigned,

do/does hereby grant into CITIZENS TELEPHONE COMPANY, MAIN STREET, HAMMOND, NY Inc., and to it's successors or assigns, the right to enter upon the lands of the undersigned situated along the ______ road in the county of St. Lawrence/Jefferson, (circle one) State of New York to construct and maintain anchors, poles, wires, and to cut and trim trees and brush that interfere with or threaten to endanger the operation and maintenance of above in order to provide said location with telephone/cable TV service. Furthermore this agreement provides permission to enter private roadway right of ways of subscribers when accessing dwellings removed from public highways.

The undersigned agree(s) that all poles, wires, and other facilities installed on the above route at the company's expense shall remain the property of the the corporation, removable at the option of the company.

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Citizens Telephone Company 26 South Main Street Hammond NY, 13646 Main Office: (315)-324-5911 Fax: (315)-324-5917

Authorization Form for Automatic Deduction of Credit or Debit Card

Customer Name:
Address:
City/State/Zip:
Telephone:
AUTO PAYS ARE CHARGED ON THE 15 th DAY OF EACH MONTH
Your Credit Card will be charged by Citizens Telephone Company of Hammond, New York

Signature:_____Date:_____Date:_____

By signing above, I authorize Citizens Telphone Company , to bill my credit card account.

Type Of Card: Visa _____ or Mastercard _____

Credit Card Ending In (last 4 digits):_____ Exp. Date:_____

3 Digit Security Code:_____

CREDIT CARD CHARGE AUTHORIZTION

Name (as it appears on card):_____

Billing address of card:_____

(Where Credit Card Statement is Mailed to)

CITIZENS TELEPHONE COMPANY

"CPNI"

Customer Proprietary Network Information Citizens Telephone Company 26 South Main Street PO Box 217 Hammond, NY13646 (315)-324-5911 FAX: (315)-324-5917

Dear Customer:

The Federal Communications Commission (FCC) has adopted new rules for Telecommunication companies to protect your customer information. Customer Proprietary Network Information (CPNI) includes customer information such as services, account balances as well as types of service offerings to which you subscribe and the extent to which the services are used.

With these new FCC rules, we be able to make changes to your account including disconnects and discuss account information with the person or persons listed on the account. Additional account contacts may be added by providing the contacts name and date of birth below:

Authorized Contacts:	Date of birth:
	Date of birth:
	Date of birth:

Please sign her and return this form to our office:

Customer Signature: _____ Date: _____

Your privacy has always been important to us. We are serious about keeping your information safe. Please call the office if you have any questions.

Thank you, Castle Cable TV. Inc.

Business rates may be slightly higher. **Telephone Service is not required for internet/ cable TV services.	at no additional charge.	Cable Pak's include 1 Standard Definition set top box		EXLIBASIC FAR CADIC/100/23 Internet- \$237.93			Ľ	Ext Basic Pak Cable/1/256 Internet- \$107.95		Bundled Internet & Cable TV Packages		Cinemax (3 channels) \$11.25	Starz/Encore (10 channels) \$11.25	11BO-(4 channels) \$20.50	Premium Channels		Extended Basic Pak \$103.00	Basic Value Pak \$83.25	Lifeline Pak \$52.50	Cable Services		0011022/01100			9	1mb/256k \$29.95 5mb/2mb \$42.95	Internet Services	Monthly Service Charges:
	subject to change.**	** Pricing effective 04/01/2020 and is	100/25mb \$239.94	50/4mb \$189.94	25/4mb \$119.94	5/2mb \$102.94	1/256K \$89.94	(includes Phone & Internet) Unlimited local calling, call id, call waiting, call forwarding, 600 minutes of long distance and internet.				100/25mb \$298.94	50/4mb \$248.94	25/4mb \$178.94	5/2mb \$161.94	1/256K \$148.94	& Extended Basic Pak Cable TV	(Includes Phone & Internet) Unlimited local calling, call id, call waiting call forwarding 300 minutes of long distance internet	SAVE ME 300 PLUS		100/25mb \$215.94	50/4mb \$165.94	25/4mb \$95.94	5/2mb \$78.94	1/256K \$65.94	(includes Phone & Internet) Unlimited local calling, call id, call waiting, call forwarding, 300 minutes of long distance and internet.	SAVE ME 300 PLAN	Monthly Service Charges:
Seasonal customers who subscribe to cable and or internet will be charged a monthly fee of \$5.00 for each service for the six months the service is suspended. The six month fee will be billed in November or December, according to your chosen suspension date.	Seasonal Service Dates: May I-Nov. 1 or Dec I,		Program Wireless Router- \$30.00	Anytime after initial install- \$75.00	Free Installation when installed during initial service installation.	Wireless Router \$89.99	WIRELESS ROUTER	HD/DVR Set Top Box \$12.95	 HD Set Top Box- \$7.95 	Standard Definition Set Top Box \$5.95	EQUIPMENT FEES-Monthly Charge		Installation includes the install of up to 2 set top boxes.	Cable pack's include one standard set top box at no additional charge or one HD box for \$7.95	Add'l Set Top Box \$52.95 ea	Cable&Internet-(up to 2 TV's) \$99.99	Cable (up to 2 TV's) \$99,99	Internet- \$49,00	Phone- \$19.83	INSTALLATION FEES	100/25mb \$322.94	50/4mb \$272.94	25/4mb \$202.94	5/2mb \$185.94	1/256K \$172.94	(Includes Phone & Internet) Unlimited local calling, call id, call waiting, call forwarding, 600 minutes of long distance, internet & Extended Basic Pak Cable TV	SAVE ME 600 PLUS	Monthly Service Charges:

CHANNEL LINE-UP

	Lifeline Pack
Channel:	Network:
2	Local Information
3	FOX-WUHF
4	WGN
5	NBC-WDIVTV
6	PBS
7	CBS-WWNY
8	ABC-WWTI
9	CREATE TV
10	WEATHER
	CHANNEL
11	CKWS
13	QVC
14	HOME SHOPPING
28	FOX: WATERTOWN
32	C-SPAN
33	C-SPAN-2
	Basic Value Pack
	Including
4.5	Lifeline Pack
15	FX
17	ESPN
18	EXPN 2
19	ESPN CLASSIC
21	NBC SPORTS
23	Discovery Life
24	OUTDOOR
25	FS1
26	YES
27	TBS
29	CNNI
30	CNN
31	Headline News
34	FOX NewS
35	MSNBC
36	FXX
37	CW
38	FOX Business
39	CNBC
48	A & E
49	HISTORY
50	TLC
51	ANIMAL PLANET
52	DISCOVERY

53	NGC
54	FOOD
55	HGTV
	norv
56	Nik
57	DISNEY
58	TOON
59	DISNEY XD
60	TV LAND
61	FREEFORM
62	DISNEY JR
63	EWTN
64	FX MOVIE CHANNEL
65	BRAVO
67	E!
68	TRUE TV
69	Nat'l Geographic Wild
71	Hallmark
72	I.D.
73	SYFY
75	PARAMOUNT
76	AMC
77	тсм
78	TNT
79	USA
80	LIFETIME
81	LIFETIME MOVIE
82	Lifetime Real Woman
83	TRAVEL CHANNEL
90	MTV
91	VH-1
92	CMTV
	Extended Basic Pack
	Including: Lifeline &
10	Basic Value
16	ESPNU
20	ESPN NEWS
22	GOLF
42	BIG 10
47	DIY
66	Comedy Central
70	GSN
85	VICELAND

86	BIO
87	MILITARY
401-	Music Choice
446	
	Premium Channels
140	НВО
141	HBO2
142	HBO FAMILY
143	HBO SIGNATURE
147	CINEMAX
148	MORE MAX
149	ACTION MAX
154	STARZ
155	STARZ Kids & Family
157	STARZ EDGE
158	STARZ CINEMA
161	ENCORE ADDITION
162	ENCORE
163	ENCORE CLASSIC
164	ENCORE SUSPENSE
165	ENCORE BLACK
166	ENCORE WESTERNS
	HD CHANNELS
	*HD set top required
201	ESPN
202	ESPN 2
206	NBC SPORTS
211	HISTORY
212	ANIMAL PLANET
213	DISCOVERY
214	NGC
221	FOOD
222	HGTV
223	A & E
224	BRAVO
241	FOX SPORTS 1
242	SYFY
243	VELOCITY
244	TLC
245	FX
246	FXX

Citizens Telephone Company is no longer responsible for the Lifeline Program. If you would like information on Lifeline eligibility, please go to the following website

HTTPS://WWW.CHECKLIFELINE.ORG/LIFELINE

Thank you





Universal Service Administrative Co.

1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

- If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
- 2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply, bring or mail this form to your phone or internet company.

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

Administrative Co.

2. Your Information All fields are required

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

he name you use on official documents, l	ike your Social Security	Card or State ID. N	ot a nickname.	T
First				
Middle (optional)				Suffix (optional)
				Sumx (optional)
Last				
and the set of				
What is your phone number (if you	I have one)?	What is y	our date of	birth?
		1 1 1	1 1	
		Month	Day	Year
Vhat is your email address (if you h	have one)?	Month	Day	Year
Vhat is your email address (if you h	have one)?	Month	Day	Year
Nhat is your email address (if you	have one)?	Month	Day	Year
Vhat is your email address (if you h	have one)?	Month	Day	Year
Vhat is your email address (if you h	have one)?	Month	Day	Year
Vhat is your email address (if you h	have one)?	Month	Day	Year
			Day	Year
What are the last 4 numbers of you	ur Social Security N	lumber (SSN)?	Day	Year
What are the last 4 numbers of you	ur Social Security N	lumber (SSN)?	Day	Year
What are the last 4 numbers of you	ur Social Security N	lumber (SSN)?	Day	Year
What are the last 4 numbers of you	ur Social Security N	lumber (SSN)?	Day	Year
What is your email address (if you h	ur Social Security N	Jumber (SSN)?	Day	Year



Universal Service Administrative Co.

2. Your Information (continued)

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921. 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

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Universal Service Administrative Co.

2. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

-	Check if you are qualifying through a child or dependent in your household.
	If so, answer the following questions:

What is their full legal name?

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Aiddle (optiona	1)					******	inee moure deceases	un langer and an and a second second	 Suffix (optional)
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What is thei										
What is thei	r date of b	pirth?								
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What is thei	Day last 4 num	Year Noters of t				nber (S	SN)?			
What is thei	Day last 4 num	Year Noters of t				nber (S	SN)?			
Last What is thei Month What are the f they do not ha	Day last 4 num	Year Noters of t				nber (S	SN)?			

Lifeline Program **Application Form**

10



Universal Service Administrative Co.

3.	Qualify through a government program:
Qualify for Lifeline	Check all programs that you or someone in your household have: Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) Supplemental Security Income (SSI)
Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.	Medicaid Federal Public Housing Assistance (FPHA) Veterans Pension or Survivors Benefit Programs Tribal Specific Programs
You can qualify through some government assistance programs or through your income (you do not need to qualify through both).	Bureau of Indian Affairs (BIA) General Assistance Tribal Temporary Assistance for Needy Families (Tribal TANF) Food Distribution Program on Indian Reservations (FDPIR) Tribal Head Start (only households that meet the income qualifying standard)

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)					
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii			
1	\$17,226	\$21,533	\$19,818	Yes	No	
2	\$23,274	\$29,093	\$26,771	Yes	No	
3	\$29,322	\$36,653	\$33,723	Yes	No No	
4	\$35,370	\$44,213	\$40,676	Yes	No	
5	\$41,418	\$51,773	\$47,628	Yes	No No	
6	\$47,466	\$59,333	\$54,581	Yes	No	
7	\$53,514	\$66,893	\$61,533	Yes	No No	
8	\$59,562	\$74,453	\$68,486	Yes	No	
If more than 8, add this amount for each extra person:	Add \$6,048	Add \$7,560	Add \$6,953	Yes	No No	

Or

135% of the 2020 Federal Poverty Guidelines

*The Federal Poverty Guidelines are typically updated at the end of January.



Universal Service Administrative Co.

4. Agreement	I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).				
I agree, under penalty of perjury, to the following statements: You must initial next to each statement.	Initial I agree that if I move I will give my service provider my new address within 30 days. Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including: Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including: Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including: Initial I) I, or the person in my household that qualifies, do not qualify through a government program or income anymore. 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).				
	I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit. Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.				
	All the answers and agreements that I provided on this form are true and correct to the best of Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.				
	My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.				
consent to let USAC contact me at my Lifeline hone number for important reminders and pdates to my Lifeline service. Message and data ates may apply. Text STOP to end messages.	Signature Today's Date				

FCC FORM 5629

Lifeline Program Application Form



Universal Service Administrative Co.

5.	What is the agent's full legal name? The name you use on official documents, like your Social Security Car	rd or State ID. Not a picknews	
Agent Information			
Information	First		······
Answer only if a sales person submits this form.	Middle (optional)		Suffix (optional)
	What is the agent's ID number?	What is the agent's da	te of birth?
	ระบบของการการการการการการการการการการการการการก	Month Day	Year



Universal Service Administrative Co.

Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.