



# Dell Telephone Cooperative, Inc.

P.O. Box 67 • Dell City, Texas 79837 • 915/964-2352 Fax: 915-964-2402

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Billing  
Address: \_\_\_\_\_

### Name Change

To: \_\_\_\_\_ From: \_\_\_\_\_

### Number Change or Outside Move

To: \_\_\_\_\_ From: \_\_\_\_\_

There will be a \$25.00 charge for the following changes to your telephone service.

- \_\_\_\_\_ Name Change
- \_\_\_\_\_ Number Change
- \_\_\_\_\_ Listed
- \_\_\_\_\_ Unlisted
- \_\_\_\_\_ Outside Move

I acknowledge that I have read and understand the charges that will be made to have these services changed.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Printed Name as it appears on Customer Bill