



Zayo Managed Services
 950 Spruce St, Suite 1A Louisville, Colorado 80027

Letter of Agency to Change Telephone Service Provider

Customer Carrier and Identification

(Customer Name) _____ Other Company Names (DBA) _____

(Address) _____ (City) _____ (State) _____ Zip _____

Current Local and LD Carriers _____

Billing Telephone Numbers: This authorization covers all Customer numbers associated with the Billing Telephone numbers listed below. (If there is a block or range, note the range rather than each number.)

Main TN: _____

(additional numbers may be attached)

Approval – Customer Service Records:

To: Current Carrier(s) Listed Above
 We, the undersigned Customer, authorize Zayo Managed Services to act as our agents for the purpose of obtaining a complete Customer Telecommunications Service Record relating to our business. This authorization covers all of the activities listed below:

1. Obtain and review current customer account, billing information and service configurations for all services
2. Analyze and compare services and prepare a proposal for Zayo Managed Services products and services.

Approval – Service Change:

I, the undersigned, act on behalf of the Company with respect to the telephone number(s) listed above. I understand that there may be a charge to make a change in the approved primary carrier. I authorize Zayo Managed Services to act as our agent to change our telecommunications carrier from our current carrier(s) to Zayo Managed Services for the following services (choose all that apply):

- Local Service: Carrier**
- IntraLata Toll: Carrier**
- InterLata Long Distance Service: Carrier**

Revocation of Previous LOAs. This LOA revokes all previous LOAs for interexchange and/or local service provided to the BTNs identified above.

Effective Date and Term of Agency. This LOA takes effect on the below signed date and will remain in effect until canceled or revoked by Customer.

Zayo Managed Services	(Customer's Name) --
By: (Zayo Managed Services Sales Management)	By: (Authorized Representative)
Name: (Print)	Name: (Print)
Title:	Title:
Date:	Date:

This agreement must be executed on behalf of Zayo Managed Services by a Sales Manager or above.