



Cable Account # 001- Name _____

Service Address _____

San Bruno, CA 94066 (Submitted to 911)

Current Home Phone Number () _____

Alternate Contact Phone Number () _____

REQUIRED Valid Email _____

Account Administrator Login Username and Contact Email _____

Keep Your Existing Phone Number (Porting)? *Yes No

*Ported Number - 10 business days (One-Time Fee) and LOA with current phone bill required.

Do not cancel current phone service prior to port to San Bruno CityNet.

New Number - 2 business days

Office use only: (650) _____

How many working telephones in the home at this time? _____ How many are cordless? _____

How far away, in feet, is the nearest phone jack to your cable modem? _____

Is there an alarm, dorbell, intercom, or TIVO integrated with your phone system? _____

(Customer should contact company to confirm system compatibility with VoIP telephone)

Do you use a fax machine? Yes No (Fax machine may not be compatible with a VoIP System)

Do you use a Point of Sale Device? Yes No (POS devices are not compatible with a VoIP system)

Do you accept Collect Calls? Yes No (Collect Calling is not an available feature)

In the event of a power failure or system outage, phone service including 911 calls, will be unavaible; however, incoming calls may be forwarded to another device such as a cell phone. Use the personal VoIP website to configure your account options. You may ask the service technician to assist in the configuration of the call forward feature for you at the time of initial installation after you log in to your phone account.

Forward to: () _____

(Please Check Option)

Unlisted Number* _____ Number is NOT available in 411 database or in a phone directory.

*Additional cost for Unlisted Number. Check with Office Staff for pricing.

Listed Number _____ Number IS listed in 411 database and in some phone directories.

(Please Check Option)

The system offers digital voicemail, but is also compatible with analog answering machines. Would you like like to only use your existing Answering Machine or the Digital Voicemail Feature?

Signature _____ Date / / _____

OFFICE USE ONLY

Completed LOA: Yes N/A Install date / / _____

Momentum# _____

LETTER OF AUTHORIZATION – VoIP SERVICE

1. Customer Name (Your name should appear EXACTLY as it does on your local telephone bill.)

First Name _____ Last Name _____

Business Name _____

(Required only if phone service is in your Company’s Name.)

2. Service Address (Primary address where the telephone service will be located. No Post Office Boxes)

Address _____ City _____ State _____ Zip _____

3. Billing Address (If different from your service address. It should appear EXACTLY as it does on your local telephone bill.)

Address _____ City _____ State _____ Zip _____

4. List below all Telephone Number(s) for which you authorize change from your current phone service provider to San Bruno CityNet. Please note that your local, in-state toll and/or Long distance service for the number(s), such as Centrex, DSL or Ringmate, will be lost if you port this number(s).

Telephone Number(s) (list all numbers to be ported)	Current Service Provider
_____	_____
_____	_____

*Billing Telephone Number (“BTN”): _____

(*This MUST be provided if number(s) to be ported is a Business Account)

Check this box if you have additional numbers on your Business Account that you do NOT want ported.

5. If the number(s) to be ported is a mobile number, please provide the following information:

Mobile Number: _____ Mobile Account Number _____

VERIFICATION – PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business) the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address where I will be using this service. I authorize and designate San Bruno CityNet Services to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information San Bruno CityNet Services deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed San Bruno CityNet Services will become my local, in-state toll and long distance provider, as indicated above.

I understand that I am authorizing change(s) of my primary carriers for these service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number. If I miss my installation appointment with San Bruno CityNet Services, I am aware that I will not have any telephone service until I reschedule the installation.

Signature: _____ Date ____/____/____

Printed Name: _____