



Paul Bunyan Telephone™

APPLICATION FOR EXEMPTION FROM DIRECTORY ASSISTANCE / LOCAL OPERATOR ASSISTANCE CHARGES

(Directory Assistance Includes Associated Local Operator Assistance Charges)

Customer # _____ Account # _____

Member # _____ Service Order _____

DATE: _____

<p>Name of Disabled Person Applying for Exemption (print)</p> <p>_____ LAST NAME / FIRST NAME / MI</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ AREA CODE & TELEPHONE NUMBER</p> <p>_____ AREA CODE & TELEPHONE NUMBER¹</p>	<p>To be completed if the telephone number to be exempt is in the name of someone other than the applicant.</p> <p>I hereby certify that the applicant is a full-time resident member of my household. In the event that the applicant named herein ceases to reside full-time in my household, or if the disability described herein ceases to exist, I will promptly advise Paul Bunyan Telephone Cooperative of this fact.</p> <p>_____ Signature of Person to Whom Service is Billed</p> <p>_____ AREA CODE / TELEPHONE NUMBER</p>
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¹ Each line to be exempted must be identified
Note: Exemption will be effective with the first billing date following the processing of this application

THIS SECTION TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY.

- Qualified Certifying Authorities include:**
- Licensed Doctor/Nurse
 - Ophthalmologists²
 - Optometrists²
 - Public Welfare Agencies
 - Institutions
 - Professional Hospital Staff Member
 - Librarian²
 - Any person whose competence in this area is acceptable to the U.S. Congress Librarian²

² Directory Assistance Exemption

I certify that the above individual has a disability which prevents:

- Use of the Telephone Directory (Customer qualifies for Directory Assistance charge exemption)
- Manually Completing Telephone Calls (Customer qualifies for Local Operator Assistance charge exemption)

The above individual is / has a: (See page 2 for legal definitions of the following terms.)

- Legally Blind Physical Disability (describe below)
- Visual Disability Other _____ (describe below)

DESCRIPTION:

Signature of Certifying Authority	Title and Agency	Date
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The status of this application will be checked periodically by Paul Bunyan Telephone

For Company Use Only	Order # _____	DD _____	Issued By _____
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LEGAL DEFINITIONS OF VISUAL, PHYSICAL AND MENTAL DISABILITIES

LEGALLY BLIND	Those whose visual acuity is 20/200 or less in the better eye with corrective glasses or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
VISUALLY DISABLED	Those whose visual disability, with correction and regardless of optical measurement with respect to "legal blindness" are certified as unable to read normal printed materials.
PHYSICALLY DISABLED	Those who are certified by a competent authority as unable to read or use ordinary printed materials, as a result of physical limitation, such as loss of hands, or use and control of hands; constant severe tremor; spasticity or paralysis; uncorrectable double or triple vision; incapacitating confinement, as in an iron lung; severe debilitating conditions such as found in advanced Parkinson's disease, cancer, and the aftermath of a stroke.
MENTAL LIMITATION	Any person who has been diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated defects in adaptive behavior and manifested during the developmental period.

Return completed application to:

**PAUL BUNYAN TELEPHONE
1831 ANNE ST. NW
BEMIDJI, MN 56601**

**Phone: (218) 444-1234
Toll Free: (888) 586-3100**