



# LNP Letter of Authorization

#  
ECR Voice

## LETTER OF AUTHORIZATION

For

<Legal Customer Name>

*To minimize delays, please make sure that all required information is included.*

Date:

To:

<Name of Current Service Provider>

Current Phone Number:

This Letter authorizes ECR Voice, LLC to act as \_\_\_\_\_ 'S <Legal Customer Name> agent for the purpose of changing \_\_\_\_\_ 'S <Legal Customer Name> preferred local exchange carrier ("Preferred Carrier Change") and porting the telephone numbers listed above from the current local exchange carrier to the ECR Voice, LLC managed network (Local Number Portability, "LNP"). \_\_\_\_\_ <Legal Customer Name> hereby authorizes ECR Voice, LLC and it's providers to obtain information about and/or copies of our network services configuration and to order and manage negotiations for the transfer of local telecommunications service for the telephone numbers listed above.

**Customer Information: As given on existing customer phone bill.**

Name:

Street Address:

City:

State:

Zip Code:

Please double check:

- the name on this form **exactly** matches the name on your phone bill.
- the address on this form **exactly** matches the address on your phone bill.
- you've included a copy of your most recent phone bill

This letter of authorization will be effective for Preferred Carrier Change and LNP purposes only and does not permit ECR Voice, LLC to acquire any additional information not pertaining to this matter.

**Please attach the front page of your most recent phone bill that includes your name, and service address. (30 days old max.)**

Signature:

Printed Name:

Date:



**FAX to: (740) 392-5775**