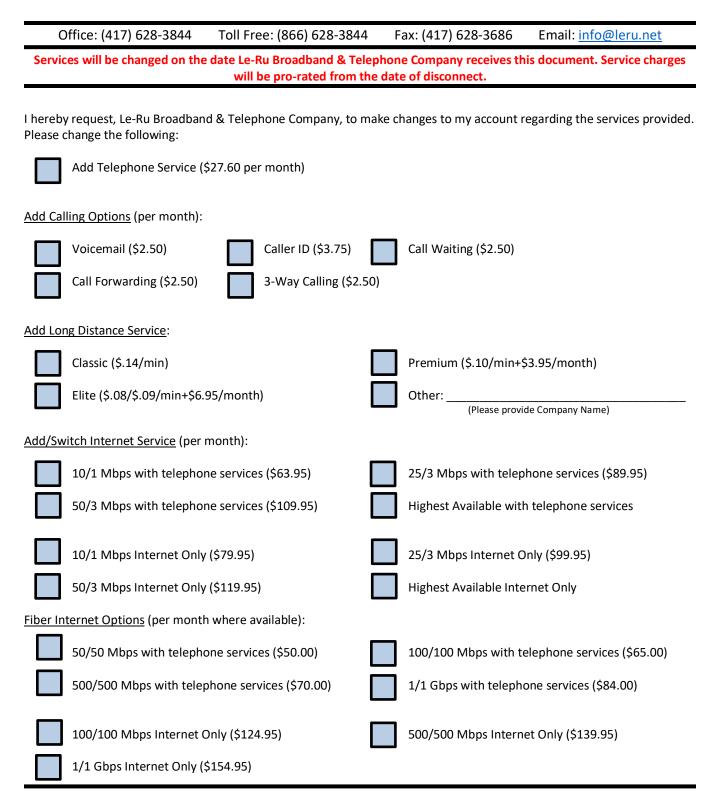


REQUEST OF SERVICE CHANGE

Le-Ru Broadband & Telephone Company

P. O Box 147

Stella, MO 64867



Other: _____

(Please Describe)		
Disconnect Services		
	All Services	
	Telephone Services	
	Internet Services	
	Other:	
	Date to be Disconnected:	
	Reason for Disconnection:	
	Forwarding Address:	
	Contact Phone #:	
Only authorized persons who are listed on the account are capable of changing or disconnecting services. Exceptions cannot be made just because the person named on the account is in the hospital/nursing home or even deceased. Only persons listed on the account or those with Power-of-Attorney can authorize changes to the account.		
Account	t Holders Name:	Service Phone #:
Account #:		
Signature:		Date:
Print Name: For Office Use Only:		
Date: _	Account #:	Phone #: