AT&T Accessible Letter Subscription

Company Name:	
Company Address:	
Company Address 2:	
Company City:	
Company State:	
Company Zip:	
Contact Name:	
Contact Phone:	
Company Email:	
Accessible Letter Recipient Name:	
Recipient Name Email:	
Action:	☐ Add ☐ Delete
Type Letter:	☐ Access ☐ Cellular ☐ Operations
Region(s):	☐ California ☐ Midwest Region (IL, IN, MI, OH, WI) ☐ Nevada ☐ Southwest Region (AR, KS, MO, OK, TX)
Other Comments:	

Instructions:

1. Please complete the form.
    a. Save it to your desktop.
2. Select the following link, ACCLTR CHANGE, to initiate an e-mail.
3. Attach the completed form, that was saved to the desktop, to the e-mail.
4. Send the e-mail.