Record Series Code: MAR-10007

East Payphone Services Provider (PSP) Request Form

(PLEASE PRINT OR TYPE)

DATE OF REQUEST: _____ NUMBER OF LINES: _____

TYPE OF REQUEST: NEW LINE ☐ DISPLACEMENT ☐ MOVE ☐ DISCONNECT ☐

CERTIFIED CHECK OR MONEY ORDER ENCLOSED: YES ☐ CHECK# _____
NO ☐

SNET BILLING NUMBER (if available): _____

PART I: PSP INFORMATION

NAME: _____
ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____
CONTACT TELEPHONE: _____ FAX#: _____
CPCN CERTIFICATE: ATTACHED YES ☐ NO ☐ ALREADY ON FILE YES ☐ NO ☐
TAX ID# _____ SOCIAL SECURITY# _____

PART II: SERVICE LOCATION INFORMATION

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIP: _____

PAYPHONE LOCATION (NECESSARY FOR 911 SYSTEM)
INDOOR ☐ OUTDOOR ☐ LOCATION (RM, FLR, ETC.) _____

DEMARC LOCATION: _____
NAME OF PERSON TO SEE AT SITE: _____

PART III: BILLING INFORMATION

BILLING NAME: _____
MAILING ADDRESS FOR BILL: _____
_____
CITY: _____ STATE: _____ ZIP: _____
BILLING CONTACT NAME: _____
BILLING CONTACT TELEPHONE: _____

PART IV: SERVICE & OPTIONAL FEATURES

NPAL ☐ (Dumb Line, Smart Set) CPAL ☐ (Smart Line, Dumb Set) LNPAL ☐ (Charge-A-Call) IPAL ☐ (Inmate)

2-WAY SERVICE ☐ 1-WAY SERVICE (OUT GOING ONLY) ☐

LISTING (FOR THE DIRECTORY):
LISTED ☐ NON-LISTED ☐ NON-PUBLISHED ☐

CARRIER:
PRIMARY INTERSTATE CARRIER: SNET ☐ OTHER ☐
PRIMARY INTRASTATE CARRIER: SNET ☐ OTHER ☐

CARRIER BLOCK: YES ☐ NO ☐

OPTIONAL BLOCKS:
COLLECT ☐ BILL TO THIRD ☐
INTERNATIONAL DIRECT DIAL BLOCK ☐
DIRECTORY ASSISTANCE CALL COMPLETION ☐
PER LINE BLOCKING ☐

PART V: DISCONNECT OR MOVE EXISTING PSP LINE

TELEPHONE# INVOLVED: _____
FINAL BILL ADDRESS: SAME ☐ OR
SEND FINAL BILL TO:
NAME: _____
ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON REGARDING FINAL BILL:
NAME: _____
TELEPHONE #: _____

PART VI: PROPERTY OWNERS INFORMATION

NAME (PLEASE PRINT): _____
ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIP: _____
CONTACT TELEPHONE#: _____

PROPERTY OWNERS SIGNATURE: _____
LETTER OF AGREEMENT ATTACHED: YES ☐ NO ☐

Send completed forms to:
Email: Specialty.centers.com@att.com
Fax: 205-321-2191
Phone: 800-786-7619, Option 1

U.S. Mail: **Birmingham Local Service Center**
Attention PSPSC
600 N. 19th Street, 17th floor
Birmingham, AL 35203