

507 South Main P.O. Box 1408 Dickinson, ND 58601 701-483-4000 1-888-225-5282

## **Urgent Government Regulation!**

The FCC requires us to establish a password on every account to protect the privacy of our customers. We <u>cannot</u> discuss your account information without you providing this password to us. Please fill out the form, sign, date, and return to us as soon as possible. If you have any questions, feel free to contact us at 483-4000.

Customer Name	
Customer Telephone	Number
Customer Password:	
	(Between 5-10 characters, no spaces or symbols)
Signature:	Date:
	sword, we will ask you the answers to the two questions that ich will then allow us to help you. Please choose ONLY TWO ity questions:
1. What is your favor	ite food?
2. What is the name	of your pet?
3. What is the color of	of your first car?
4. Who was your firs	t employer?
5. What is your favor	ite color?
your account and give th	you wish to give permission for any other person(s) to have access to tall to access to tall to access to tall to access to access to access to access your
Name	Relationship

\*\*Please keep a copy of this information for your records. You will be asked to verify this PASSWORD prior to discussing account information.\*\*