



103 N Main St
 PO Box 20
 Westby, WI 54667
 (608) 634-3136
www.vernoncom.coop

LIFEAID RECIPIENT

Name:		Living Status: <input type="checkbox"/> Alone <input type="checkbox"/> Not Alone Does the person using the system speak and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No Hidden Key Location:
Home Phone:		
Address:		
City, State, Zip:		
Preferred Hospital:		
Hospital Phone Number:		
Age:		
Email:		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	

ADDITIONAL SERVICES

Additional Help Button \$7.99/Monthly

IMPORTANT: Should emergency responders be called before or after the notification list?
 (LifeAid's standard policy is to call 911 first, then the notification list.) Before After Other
 Please Explain:

SIGNATURE:

PRINT NAME:

NOTIFICATION LIST

Notification #1	Best Contact Number
Name	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work
Relationship	Has Key: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email:
Notification #2	Best Contact Number
Name	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work
Relationship	Has Key: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email:
Notification #3	Best Contact Number
Name	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work
Relationship	Has Key: <input type="checkbox"/> Yes <input type="checkbox"/> No Email:
	Email:

FOR OFFICE USE ONLY

Contact for Install: _____

Console Number: _____

Date Submitted: _____



Account Number
(Office Use Only)

SERVICE REQUEST FORM
Applicant Information

Full Name _____ Maiden _____
 First Middle Initial Last

Service Address _____
 Street Address Apt/Unit #

_____ Phone _____
 City State Zip

Billing Address (if different from service address) _____

Driver's License _____ State Issued _____ Expiration Date _____

Social Security Number Date of Birth _____

I hereby authorize Vernon Communications Cooperative to check my credit history ____ Yes ____ NO

I have read and agree to all the terms and conditions of the Broadband Installation Agreement that has been provided ____ Yes ____ No

Signature _____ Date _____

Account Access

Spouse _____ Phone _____

Authorized User _____ Phone _____

4 Digit PIN to access your account (and pay by phone 1-844-827-4766)

PIN/CPNI Password Retrieval Questions

In what city were you born? _____

What High School did you attend? _____

CPNI Password _____

CPNI Includes where, when and to whom a customer places a call, as well as the types of phone service offerings to which the customer subscribes and the extent to which the services are used.

An authorized user or spouse is the only person authorized to access this account either in person or by phone and will be able to request information and/or make changes to the account the same as the primary account holder.