



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

LIFE AID RECIPIENT

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

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:

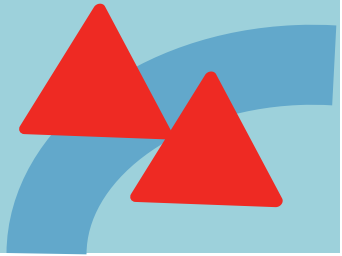
SIGNATURE: _____ **PRINT NAME:** _____

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: _____



Connecting Our Members With Exceptional Communication Solutions With Ease and Integrity

ACCOUNT NUMBER

Service Request Form

APPLICANT INFORMATION

Full Name First Middle Initial Maiden Last

Service Address Street Address

Apartment/Unit #

City State Zip Code Phone

Billing Address (if different from service address)

Driver's License State Issued Expiration Date

Social Security Number Date of Birth

I hereby authorize VernonCom 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

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

(You create 4-Digit Pin number to remember and share with Authorized Users.)

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.