

ATTN: Numbering Department
ZVRS, LLC
600 Cleveland Street, Suite 1000
Clearwater, FL 33755
Fax 727-443-5151



Letter of Agency Document

The undersigned hereby affirms and attests that:

I am at least 18 years of age.

Initial

I authorize and designate CSDVRS, LLC to act as my agent regarding the switching (porting) of my local ten-digit telephone number from my current video relay service provider to CSDVRS, LLC.

Initial

I specifically authorize CSDVRS, LLC to represent me and act on my behalf before any and all vendors and initial carriers in order to switch (port) my number to CSDVRS, LLC.

Initial

I understand that access to CSDVRS video relay service, including access to E911, may not be accessible in the event of a power outage, network outage, or if my broadband connection is not available.

Initial

I understand that I am switching my local number from the current phone I use to the new Z phone, and that the phone I have now will no longer work and will disconnect. I also understand that all of the features of the current phone such as contact lists and speed dial, will be disconnected and disabled.

Initial

I understand and authorize CSDVRS, LLC to provide me, or my company, with video relay services.

Initial

Please ensure the following information is completed accurately to prevent possible delays.

ALL FIELDS MUST BE FILLED IN TO PROCESS THIS REQUEST!!!

Local Number to be Ported to ZVRS:

Name:

Street Address:

City: State: ZIP Code:

Email Address: _____

Current VRS Provider: SORENSEN

Printed Name: Date: 8-8-11

Signature:

THIS FORM MUST BE SIGNED BY THE USER OF THE LOCAL NUMBER

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