

Police Station

Communications Service Request and Full Local Letter of Agency

Customer Billing Name EAST FALLOWFIELD TWP		Date		
Customer Billing Address 2284 STRASBURG RD		City COATESVILLE	State PA	ZIP Code 19320
Customer Street Address 475 DOE RUN RD		City EAST FALLOWFIELD	State PA	ZIP Code 19320
Name of Individual Authorized To Act for Customer Nancy Baker	Title Admin Assistant	Phone Number of Individual Authorized To Act for Customer 845 364 8930		

The signature below confirms my decision to change from my current carrier(s) to MCI Communications Services, Inc. d/b/a Verizon Business Services ("Verizon") for the individual service or services I have designated by marking the boxes below. I understand that only one carrier may be designated as my interstate or interLATA primary interexchange carrier for any telephone number. To the extent that my state allows me to choose an additional primary carrier(s) for intraLATA toll, local service, interLATA toll or international toll, I understand that I may designate different carriers for each. I choose Verizon for the services marked below.

Service Type: Local Exchange Local Toll (intraLATA) Long Distance (interLATA Toll)

I understand that my local exchange carrier may impose a per line charge for implementing the changes above (Verizon will reimburse up to \$5.00 per line in such charges upon customer's request.) If I later wish to return to my current telephone company, I may be required to pay a reconnection charge to that company.

I select Verizon to provide the telecommunications service types indicated above for each of the telephone numbers listed.

Billed Telephone Number(s) (BTN):

5103848163381			

Use separate page for additional BTNs: Check here if used

Customer and the person(s) executing this Letter of Agency (LOA) appoint Verizon to:

- a) Act as Customer's agent in order to effectuate the collection of account information and to carry out the changes(s) authorized herein on Customer's behalf.
- b) Order 1+ access with the local telephone company for lines located at the above address and designated on this form or its attachments.
- c) Act as Customer's communications representative for all negotiations with the local telephone company, interconnecting company and any other equipment supplier.
- d) Handle all negotiations for service requests, including access service requests (ASRs) equipment records (2733 records) billing inquiries and the issuance of orders related to Customer's telephone systems at address listed herein.

This authorization is in addition to any other agency agreements currently in effect and does not preclude Customer from acting on its behalf when deemed necessary. This agency designation supersedes previous LOA agreements. This authorization is effective from the date written below until termination or revoked by Customer in writing to Verizon.

I understand and accept the terms and conditions of this Letter of Agency. Communications Services provided as a result of this agreement will be governed by Verizon state and federal tariffs and the Service Publication and Price Guide, as applicable. I AM DULY AUTHORIZED TO MAKE THE CHANGE(S) INDICATED BY EXECUTING THIS AGREEMENT.

ELECTRONIC SIGNATURE. Customer may sign this Communications Service Request and Full Local Letter of Agency by emailing it to Verizon, in accordance with Verizon's instructions and the *Electronic Signatures in Global and National Commerce Act* may be amended from time-to-time (the "E-Sign Act"). Customer agrees that any Services provided hereunder may not be used primarily for personal, family, or household purposes.

Customer's Signature	
Customer's Name (Print or Type)	
Title (Type)	

VPS-VzB FCCA 030105



PREFERRED CARRIER CHANGE AUTHORIZATION FORM

Description of services

- Local Service provider - Local Dial Tone service.
- Local Toll/Regional Toll - Calls outside of your local calling area that are not long distance. (IntraLata Toll)
In-state and state-to-state long distance calls, including international calling.
- Long Distance - (InterLata Toll)

SERVICE PROVIDER CHANGES

Local Service Provider - Note: only one local carrier may be selected per telephone number.

_____ Yes, I want Verizon¹ to be my local service provider on the following line(s):

- () _____ () _____
- () _____ () _____

(Note: only initial below if changing more than the four numbers listed above.)

_____ By initialing here I am verifying that the telephone numbers listed on the attachment should also be changed to the Verizon entity checked above.

Important: Please mark N/A in any section that's non-applicable.

Local Toll/Regional Toll Provider - Note: only one IntraLata carrier may be selected per telephone number.

X Yes, I want to change my local toll/regional toll provider to:

- X Verizon _____ Verizon Enterprise Solutions
- _____ Verizon Select Services Inc*

On the following line(s):

- 610 384 9163 610 384 9164
- 610 384 9188

(Note: only initial below if changing more than the four numbers listed above.)

_____ By initialing here I am verifying that the telephone numbers listed on the attachment should also be changed to the Verizon entity checked above.

Important: Please mark N/A in any section that's non-applicable.

VPS-VIB PCCA 030108



SERVICE PROVIDER CHANGES (Continued)

Long Distance Provider - Note: only one InterLata carrier may be selected per telephone number.

_____ Yes, I want to change my long distance provider to:

_____ Verizon Enterprise Solutions*

_____ Verizon Select Services Inc.*

On the following line(s):

() _____

() _____

() _____

() _____

(Note: only initial below if changing more than the four numbers listed above.)

By initialing here I am verifying that the telephone numbers listed on the attachment should also be changed to the Verizon entity checked above.

Important: Please mark N/A in any section that's non-applicable.

* Not available in all locations

⁽¹⁾"Verizon" refers to the specific Verizon Operating Telephone Company serving your location. The following is a list of all the Verizon Operating Telephone Companies: Verizon California Inc., Verizon Florida Inc., Verizon North Inc., Verizon Northwest Inc., Verizon South Inc., Verizon West Coast Inc., Verizon Delaware Inc., Verizon Maryland Inc., Verizon New Jersey Inc., Verizon Pennsylvania Inc., Verizon Southwest, Verizon Virginia Inc., Verizon Washington, DC Inc., Verizon West Virginia Inc., Verizon New England Inc., Verizon New York Inc.

Account Number	610 384 9183 361				
Billing Name	EAST FALLOWFIELD TWP				
Billing Address	2264 STRASSBURG RD				
Floor / Room #					
City	COATESVILLE	State	PA	Zip	19320

By signing below, you hereby confer upon Verizon the authority to act for and on behalf of you with respect to the service requests specified herein. You also (1) agree to accept all charges applicable to the changes authorized herein; (2) you understand there may be a charge to change back to your original provider and (3) confirm that you are authorized to make changes to and/or incur charges on this account.

Customer's (or Agent's) Signature	
-----------------------------------	--

Customer's (or Agent's) Signature _____ Date _____

Printed Name _____ Printed Title _____

Please be advised your signature above authorizes Verizon to execute the changes you have requested on this form. These changes cannot be processed until Verizon receives all pages of this executed form.

VPS~VzB PCCA 030108



SERVICE PROVIDER CHANGES (Continued)

Texas business customers: In order to confirm your status as an authorized party for this account, please provide either your month and year of birth or the last four digits of your social security number if the account is for a sole proprietorship or other self-employed arrangement; or the last six digits of the business account's Federal Employer Identification Number if it is a corporation or partnership.

Kentucky / New Jersey / Nevada / South Dakota / Vermont customers only:

The one-time charge for these changes is: \$ _____

Indiana / Vermont Customers Only: Your Consumer Affairs Division requires that you are advised of your right to contact their Consumer Affairs Division for further review of any complaint or dispute. To reach the Indiana Commission write or call: Consumer Affairs, 302 W. Washington St., Suite E306, Indianapolis, IN, 46206. 317-232-2712 or toll free at 1-800-851-4266. To reach the Vermont Commission, write or call: Consumer Affairs, 112 State St., Drawer 20, Montpelier, VT 05620 1-800-822-4436

Louisiana / New Mexico: Please see attachment for terms, conditions, rates, plans and charges.

South Dakota / Indiana / Vermont Customers Only: For verification that the change has occurred, you can call: 1-800-483-7547 in SD and IN. in VT to verify your InterLata provider, call 1-700-555-4141; for your IntraLata provider, call 1-(area code)-700-4141.

Return by mail to: Verizon

or by fax: 571 918 7025

Address 6 Concourse Parkway

Attn: Josecylin Cole

Floor / Room # Suite 900

City / State / Zip Atlanta / GA / 30328

For Business Office use only

Employee name Josecylin Cole NSPE/F ID _____

Current date _____

Township Office

Communications Service Request and Full Local Letter of Agency

Customer Billing Name EAST FALLOWFIELD TWP		Date		
Customer Billing Address 2264 STRASBURG RD		City COATESVILLE	State PA	ZIP Code 19320
Customer Street Address 2264 STRASBURG RD		City EAST FALLOWFIELD	State PA	ZIP Code 19320
Name of Individual Authorized To Act for Customer		Title	Phone Number of Individual Authorized To Act for Customer	

The signature below confirms my decision to change from my current carrier(s) to MCI Communications Services, Inc. d/b/a Verizon Business Services ("Verizon") for the individual service or services I have designated by marking the boxes below. I understand that only one carrier may be designated as my interstate or interLATA primary interexchange carrier for any telephone number. To the extent that my state allows me to choose an additional primary carrier(s) for intraLATA toll, local service, interLATA toll or international toll, I understand that I may designate different carriers for each. I choose Verizon for the services marked below.

Service Type: Local Exchange Local Toll (intraLATA) Long Distance (interLATA Toll)

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I select Verizon to provide the telecommunications service types indicated above for each of the telephone numbers listed.

Billed Telephone Number(s) (BTN):

6103847144	6103844876		
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Use separate page for additional BTNs - Check here if used

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Customer's Signature	
Customer's Name (Print or Type)	
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- () _____ () _____
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Local Toll/Regional Toll Provider - Note: only one IntraLata carrier may be selected per telephone number.

X Yes, I want to change my local toll/regional toll provider to:

- X Verizon _____ Verizon Enterprise Solutions
- _____ Verizon Select Services Inc²

On the following line(s):

- 610 384 2104 610 384 7143
- 610 384 7144 610 384 4578

(Note: only initial below if changing more than the four numbers listed above.)

_____ By initialing here I am verifying that the telephone numbers listed on the attachment should also be changed to the Verizon entity checked above.

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VPS-VzB PCCA 030108



SERVICE PROVIDER CHANGES (Continued)

Long Distance Provider - Note: only one InterLata carrier may be selected per telephone number.

_____ Yes, I want to change my long distance provider to:

_____ Verizon Enterprise Solutions*

_____ Verizon Select Services Inc.*

On the following line(s):

() _____

() _____

() _____

() _____

(Note: only initial below if changing more than the four numbers listed above.)

_____ By initialing here I am verifying that the telephone numbers listed on the attachment should also be changed to the Verizon entity checked above.

Important: Please mark N/A in any section that's non-applicable.

* Not available in all locations

(1) "Verizon" refers to the specific Verizon Operating Telephone Company serving your location. The following is a list of all the Verizon Operating Telephone Companies: Verizon California Inc., Verizon Florida Inc., Verizon North Inc., Verizon Northwest Inc., Verizon South Inc., Verizon West Coast Inc., Verizon Delaware Inc., Verizon Maryland Inc., Verizon New Jersey Inc., Verizon Pennsylvania Inc., Verizon Southwest, Verizon Virginia Inc., Verizon Washington, DC Inc., Verizon West Virginia Inc., Verizon New England Inc., Verizon New York Inc.

Account Number	610 384 7144 057				
Billing Name	EAST FALLOWFIELD TWP				
Billing Address	2284 STRASBURG RD				
Floor / Room #					
City	COATESVILLE	State	PA	Zip	18320

By signing below, you hereby confer upon Verizon the authority to act for and on behalf of you with respect to the service requests specified herein. You also (1) agree to accept all charges applicable to the changes authorized (2) you understand there may be a charge to change back to your original provider and (3) confirm that you are authorized to make changes to and/or incur charges on this account.

Customer's (or Agent's) Signature _____ Date _____

Printed Name _____ Printed Title _____

Please be advised your signature above authorizes Verizon to execute the changes you have requested on this form. These changes cannot be processed until Verizon receives all pages of this executed form.

VPS-VzB PCCA 030108



SERVICE PROVIDER CHANGES (Continued)

Texas business customers: In order to confirm your status as an authorized party for this account, please provide either your month and year of birth or the last four digits of your social security number if the account is for a sole proprietorship or other self-employed arrangement; or the last six digits of the business account's Federal Employer Identification Number if it is a corporation or partnership.

Kentucky / New Jersey / Nevada / South Dakota / Vermont customers only:

The one-time charge for these changes is: \$ _____

Indiana / Vermont Customers Only: Your Consumer Affairs Division requires that you are advised of your right to contact their Consumer Affairs Division for further review of any complaint or dispute. To reach the Indiana Commission write or call: Consumer Affairs, 302 W. Washington St., Suite E308, Indianapolis, IN. 46206. 317-252-2712 or toll free at 1-800-851-4268. To reach the Vermont Commission, write or call: Consumer Affairs, 112 State St., Drawer 20, Montpelier, VT 05620 1-800-622-4428

Louisiana / New Mexico: Please see attachment for terms, conditions, rates, plans and charges.

South Dakota / Indiana / Vermont Customers Only: For verification that the change has occurred, you can call: 1-800-483-7547 in SD and IN. In VT to verify your InterLata provider, call 1-700-555-4141; for your IntraLata provider, call 1-(area code)-700-4141.

Return by mail to: Verizon		or by fax: 571 918 7025
Address	6 Concourse Parkway	Attn: Josecylin Cole
Floor / Room #	Suite 900	
City / State / Zip	Atlanta/ GA 30328	

For Business Office use only

Employee name	Josocylin Cole	NSPE/F ID	_____
Current date	_____		

AMENDMENT TO
MICTA PARTICIPATION CONTRACT
Contract ID 229370

Customer Name <i>East Fallowfield ("Customer")</i>	MICTA Member No.: <i>GON19320-01</i>
and address: <i>2264 Strasburg RD, Coatesville, PA 19320</i>	

This Amendment is to the Participation Contract entered into by Customer and Verizon Business Network Services Inc. on behalf of MCI Communications Services Inc. d/b/a/ Verizon Business Services and shall be effective the first day of the second full billing cycle following execution and delivery of this Amendment by Customer to Verizon except where the Attachment applicable to such Service indicates otherwise ("Effective Date").

Customer agrees to purchase, under the terms of the above-referenced Participation Contract, additional services as set forth in the Supplemental Attachment A that is attached hereto (in addition to the services previously ordered by Customer under the Participation Contract).

The Supplemental Attachment A attached hereto is hereby made a part of the Participation Contract and shall be deemed an additional Attachment A to the Agreement. All of the terms and conditions of said Participation Contract shall apply to the attached Supplemental Attachment A, except as expressly set forth in the attached Supplemental Attachment A.

AGREED AND ACCEPTED:

SIGN HERE

 East Fallowfield ("Customer")

VERIZON BUSINESS NETWORK SERVICES INC.,
on behalf of Verizon Business Services

By _____
 Name/title _____
 Date _____

By _____
 Name/title _____
 Date _____



SUPPLEMENTAL ATTACHMENT A
to MiCTA Participation Contract

Customer name: [insert Customer Name]

1. **Service.** The Services that Customer may order under this Participation Contract ("Agreement") are those set forth in the MiCTA Master Agreement, including the Services set forth below. The rates and charges that shall apply to such Services are the rates and charges that apply under the terms of the MiCTA Master Agreement, including Attachment B of said Master Agreement, which are incorporated herein and made a part of this Agreement.

2. **Services Ordered.** The parties acknowledge for informational purposes that the Customer's order for Services under this Agreement shall include of the following. Any additions or changes to the following may be made pursuant to the terms of this Agreement.

Add the following Service Location:

2264 STRASBURG RD, EAST FALLOWFIELD 19320

Note: In the event of a discrepancy between the rates and charges set forth above and the rates and charges applicable pursuant to the MiCTA Master Agreement, the rates and charges applicable pursuant to the MiCTA Master Agreement shall apply.

Term Commitment. Customer shall purchase the above Services for a period of 12 consecutive months from the Effective Date and installation of the Service.

Service Locations. The above Services shall be provided to Customer under this Agreement at the following locations. Other Customer locations may be added to this Agreement, or changed, only upon mutual assent of the parties.

See above

3. **Service Attachment.** Service Attachment(s) for the above Services, if applicable, that are attached hereto or set forth in the Guide, are incorporated herein by reference and shall be a part of this Attachment A.

