PG WE STOCKED

Communications Service Request and Full Local Letter of Agency

MCI

Customer Billing Name			Date	and the state of t
EAST FALLOWFIELD TWP			2002	
Customer Billing Address		City	State	ZIP Code
2284 STRASBURG RD		COATESVILLE	PA	19320
Customer Street Address 475 DOE RUN RD		Gity	State	ZIP Code
1 TO DUE RUN RU		EAST	PA	19320
Name of Individual Authorized		FALLOWFIELD		
Customer Sumonzeo	1 100	ittle	Phone Number	of Individual Authorized
Nancy Baker		Admin Assistant	To Act for Custo	mer 845 364 8930
The signature below confirms my dec d/b/a Verizon Business Services ("Veribelow. I understand that only one can for any telephone number. To the extetoll, local service, interLATA toll or interVerizon for the services marked below. Service Type: Local Exchange I understand that my local exchange could reimburse up to \$5.00 per line in	ier may be designated that my state at mational toll, I unde	ated as my interstated as my interstated as my interstations me to choose prefand that I may tralated [X]	vicas i nave designate or interLATA properties an additional prindesignate different Long Distance (in	nated by marking the boxes imary interexchange carrier nary camer(s) for intraLATA carriers for each. I choose nterLATA Toll)
will reimburse up to \$5.00 per line in telephone company, I may be required I select Verizon to provide the telecorlisted. Billed Telephone Number(s) (BTN):	o pay a reconnect	ion charge to that	company.	sn to return to my current
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Use separate page for additional BTNs	Check here if	useci		
Customer and the person(s) executing t	nis Letter of Agenc	y (LOA) apopini V	erizon în:	relation registration flavory of the lateral or produced any open produced any open company of the company of t
a) Act as Customer's agent in c changes(s) authorized herein or Drider 1+ access with the local to form or its attachments. c) Act as Customer's communic interconnecting company and an Handle all negotiations for service records) billing inquiries and the herein:	rder to effectuate Customer's behale company ations representately other equipment on requests, include issuance of order	the collection of f. y for lines located a live for all negotions supplier. It related to Custons for the collection of	account informated the above addressions with the less requests (ASRs) omer's telephone	ss and designated on this ocal telephone company, equipment records (2733 systems at address tisted
This authorization is in addition to any or acting on its behalf when deemed necessathorization is effective from the date w	her agency agrees ssary. This ager itten below until te	ments currently in icy designation su mination or revok	efiect and does no persedes previous ed by Customer in	t preclude Customer from LOA agreements. This writing to Venzon.
I understand and accept the terms and confine agreement will be governed by y applicable. I AM DULY AUTHORIZED TO THE CUSTOMER AND THE CUSTOME	O MAKE THE OHA	NGE(S) INDICAT	THE BY EXECUTING	alion and Price Guide, as G THIS AGREEMENT.
p conditing it to the time, in accordance to the condition of the conditio	area times de disses est		iecoonic signatur	III Local Letter of Agency es in Global and National at any Services provided
<u>- </u>		***		
Customer's Name (Print or Type)		The second secon	CONTROL CONTRO	Tuning Bullion Bullion
Title (Type)			The second secon	



PREFERRED CARRIER CHANGE AUTHORIZATION FORM

Descri	otion of aprvices	•	
1	ocal Service provider	- Local Dial Tone se	ervice.
	ocal Toll/Regional Tol	in-state and state-	our local calling area that are not long distance. (IntraLata Toll) to-state long distance calls, including international calling.
Entre there are placed as	.ong Distance -	(interLata Toli)	
No. and the second second		SERVICE P	ROVIDER CHANGES
Local 5	Service Provider - No	te: only one local carrier	may be selected per telephone number.
······································	Yes, I want Venz	on¹ to be my local service	provider on the following line(s):
	()		
	()		()
(Note:	only initial below if c	hanging more than the	four numbers listed above.)
	· ·	I am venitying that the tel erizon entity checked abo	ephone numbers listed on the attachment should also be eve.
	in	nportant: Please mark N/	A in any section that's non-applicable.
Local 1	Toll/Regional Toll Pro	ovider - Note: only one in	itraLata carrier may be selected per telephone number.
X	Yes, I want to cha	ange my local toll/regions	l toll provider to:
	X Veriz	00	Verizon Enterprise Solutions
		d-confection/paint support	Verizon Select Services Inc*
On the	following line(s):	: :	
	610 38	34 9163	610 384 9164
	610 38	34 9188	
(Note:	only initial below if c	changing more than the	four numbers listed above.)
		I am verifying that the telerizon entity checked abo	lephone numbers listed on the attachment should also be ove.
	ir	mportant: Please mark N/	A in any section that's non-applicable.

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	ri <u>go</u> n

	SEF	VICE PROVIDER	CHP	nces	(Continu	red)		
Long Distance Provi	der - Note: only	one interLata carrier	may	be sele	cted per t	elephone π	umber.	
Yes, i war	Yes, I want to change my long distance provider to:							
	Verizon Enten	prise Solutions*	*****		Verizon (Select Serv	rices Inc.º	
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(Note: only initial be	low if changing	more than the four	r Wut	nbers li	sted abo	ve.)		
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Floor / Room #		:	-		····		M. Carpenter Laboratory	
City	COATESVILL	Note Star Venta			State	PA	Zp	19320
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Customer's (or Ager	rfs) Signature		Da	ìe .		atromaner∜		· · · · · · · · · · · · · · · · · · ·
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Printed Name				nted Tr				
Please be advised yo These changes cannot	ur signature abo n be processed	ve authorizes Verizo antil Verizon receive	n to : s ali ;	execute Sages of	the chang this exec	jes you hav uted form.	ve requested :	on this form.

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	nge for these change	•	and the state of t	A THE STATE OF THE
contact their Cons Commission write 2712 or toll free a	sumer Affairs Divisions or call: Consumer /	on for further review of Affairs, 302 W. Washir Ku reach the Vermont (any complaint or dispu igtori St., Suite E308, ir	at you are advised of your right to te. To reach the Indiana Indianapolis, IN. 46208. 317-232- Ill: Consumer Affairs, 112 State St.,
			OWNER OF THE COMMON SERVICE SE	
Louisiana / New	Mexico: Please se	e attachment for terms	s, conditions, rates, plan	s and charges.
	SD and IN. In VT to			inge has occurred, you can call: 1-4141; for your intrallata provider,
Return by mail to:	: Verizon		or by fax:	571 918 7025
Address 6 Cor	icourse Parkway		Attn:	Josecylin Cole
Floor / Room #	Suite 900			
City / State / Zip	Atlanta/ GA/ 3	3(328	man o had la talan tala. Talan 1994 de	ERWIR MANAGEMENT TO THE STATE OF THE STATE O
For Business Office us	se only	THE COMMENSATION OF THE PROPERTY OF THE PROPER		
Employee name	Jasecylin Cole		NSPEF ID	
Current date				

Township Get Communications Service Request and Full Local Letter of Agency

Customer Billing Name EAST FALLOWFIELD TWP			Date	44-512
Customer Billing Address 2264 STRASBURG RD		City COATESVILLE	State PA	ZIP Code 19320
Customer Street Address 2264 STRASBURG RD		Gity EAST FALLOWFIELD	State PA	ZiP Code 19320
Name of Individual Authorized Customer	to Act for	Title	Phone Number To Act for Custo	of Individual Authorized mer

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 intenstate 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 interLATA 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 Tell (intraLATA) 📉 Long Distance (interLATA Tell)

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):

8103847144	6103844578			
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JSG separate page for additional BTNs - 🛄 Chack here if used

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

- 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.
- Act as Customer's communications representative for all negotiations with the local telephone company, interconnecting company and day 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.

LECTRONIC SIGNATURE. Customer may sign this Communications Service Request and Full Local Letter of Agency (*) be amount of the Communication of the Electronic Signatures in Global and National Communication and the Electronic Signatures in Global and National Communication of the Communication of the

	Trateunder may not be used primarily for personal, family, or no	usenoid purposes.
١	Customer's Signature	
	mmna411645 A min 11 mmn	
Ì	Customer's Name (Print or Type)	
	Title (Type)	
3	(43000 41 3300)	



PREFERRED CARRIER CHANGE AUTHORIZATION FORM

Description of	services	
Local Ser	vice provider -	Local Dial Tone service.
Local Tol	I/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 Dis	lance -	(InterLata Toll)
		SERVICE PROVIDER CHANGES
Local Service	Provider - Note: o	only one local carrier may be selected per telephone number.
Yes	s, I want Verizon' t	o be my local service provider on the following line(s):
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()	()
(Note: only ini	tial below if chan	iging more than the four numbers listed above.)
By Ore	Initialing here I am inged to the Verizo	n verifying that the telephone numbers listed on the attachment should also be on entity checked above.
	impoi	rtant: Please mark N/A in any section that's non-applicable.
Local Toll/Reg	jional Toll Provid	ler - Note: only one IntraLata carrier may be selected per telephone number.
X Ye	s, I want to change	e my local toll/regional toll provider to:
X	Verizon	Verizon Enterprise Solutions
		Verizon Select Services Inc*
On the followin	g line(s):	
	610 384 2	510 384 7143
	610 384 7	610 384 4576
(Note: only in	itial below if chai	nging more than the four numbers listed above.)
By ch	initialing here I ar anged to the Veriz	m verifying that the telephone numbers listed on the attachment should also be con entity checked above.
	impo	ortant: Please mark N/A in any section that's non-applicable.

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	SEF	VICE PROVIDER	CHA	VGES (Continu	ed)		
Long Distance Provid	ier - Note: only	one InterLata carrier	may	oe seled	ited per to	elephone n	umber.	
Yes, I wan	Yes, I want to change my long distance provider to:							
	Verizon Enter	nise Solutions*			Verizon S	ielect Serv	ices Inc.*	
On the following line(s):							
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(Note: only initial bel	ow if changing	more than the fou	e num	bers lis	sted abov	re.)		
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Account Number	<u> 610 384 7144</u>	057			 	····		
Billing Name	EAST FALLO	WFIELD TWP				· · · · · · · · · · · · · · · · · · ·		
Billing Address	2264 STRAS	BURG RD			ulez menekura - 17		1 500	
Floor / Room #								1077007420034440004440044
City	COATESVIL	E	economico de maiore		State	PA	Zio	18320
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Printed Name Please be advised yo	ur cimatura sh	've authorizes Verizr				ies vou hav	ve requested	on this form.
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Kentucky / New Je	rsey / Nevada / S	kuth Dakota / Vermont custome	rs only:	
The one-time charg	e for these chang	es is: \$	Degrada de la composição	
contact their Consu Commission write of 2712 or toll free at Drawer 20, Montpo	mer Affairs Division or call: Consumer A 1-800-851-4268. " Hor, VT 05820 1-8	: Your Consumer Affairs Division to for further review of any compla Affairs, 302 W. Washington St., Su To reach the Vermont Commission 200-522-4428	int or dispur like E308, in , write or ce	te. To reach the Indiana ndianapolis, IN. 46206. 317-232- ali: Consumer Affairs, 112 State St.,
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South Dakota / Ins 800-483-7547 in SI call 1-(area code)-1	Dand IN. In VT ic	Customers Only: For verification provider, call	that the cha 1-700-555	inge has occumed, you can call: 1- -4141; for your Intral ata provider,
Return by mail to:	Verizon		or by fax:	571 918 7025
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Floor / Room #	Suite 900			
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Current date		· :		

AMENDMENT TO MICTA PARTICIPATION CONTRACT Contract ID 229370

MCI

Customer Name	East Fatiowfield ("Customer")	GON19320-01
		MICTA Member No.:
and address:	2264 Strasburg RD,	
	Coatesville, PA 19320	
		Parameter or the control of the cont

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 Atlachment 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:	VERIZON BUSINESS NETWO on behalf of Verizon Business By	DRK SERVICES INC., Services
ByName/title	Name/Nile	A 48000000000000000000000000000000000000
Date	Date	



MCI

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

7782846162

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.

(032407)

