

## Long Distance PIC Freeze

Please complete the form below and return it to Grand Mound Cooperative Telephone Association.

Subscriber's Billing Name \_\_\_\_\_

Subscriber's Billing Address \_\_\_\_\_

City-State-Zip code \_\_\_\_\_

Telephone Numbers to be Covered by Freeze \_\_\_\_\_  
\_\_\_\_\_

Please Circle the Service you Wish to have Frozen:

Intralata

Interlata

Both-Inter & Intra

Signature \_\_\_\_\_

Date \_\_\_\_\_