

**SIREN TELEPHONE RESIDENTAL SERVICE APPLICATION**

PO BOX 426, SIREN, WI 54872

Telephone: 715-349-2224 Fax: 715-349-2576

Email: [sirentel@sirentel.net](mailto:sirentel@sirentel.net) Website: [www.sirentel.com](http://www.sirentel.com)

DATE SERVICE DESIRED: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

**Account and Credit Information**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you own? \_\_\_\_\_ Rent? \_\_\_\_\_ Name of Landlord \_\_\_\_\_

Landlord's telephone # \_\_\_\_\_

Names of all other adults living in household \_\_\_\_\_

Previous address \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Current Cell Phone Number \_\_\_\_\_

Lifeline/Linkup qualified? \_\_\_\_\_ yes \_\_\_\_\_ no

**Directory Listing**

\_\_\_\_\_ Print listing for directory \_\_\_\_\_ No charge

\_\_\_\_\_ Additional listing \_\_\_\_\_ \$2.00/month

\_\_\_\_\_ Unlisted (Not printed by available through directory assistance) \_\_\_\_\_ \$1.00/month

\_\_\_\_\_ Unpublished (Not printed or available through directory assistance) \_\_\_\_\_ \$2.00/month

**Local Telephone Service**

Installation is \$67.00 per line plus 1<sup>st</sup> month local service \$18.00 in advance (Total \$85.00)

Basic Residential service in 349 calling area is approximately \$18.00/month

Extended Community Calling (ECC) is billed at \$.05/minute

**Notification upon application for service:**

The Public service Commission of Wisconsin's Administration code Chapter 165.052(5), states:

"A utility shall not disconnect any RESIDENTIAL service without notifying the County Department of Health and Social Services at least 5 calendar days prior to scheduled disconnection IF THE CUSTOMER OR A RESPONSIBLE PERSON HAS MADE A WRITTEN REQUEST FOR THIS PROCEDURE TO THE UTILITY." We are required to inform you of this right.

In making this application the undersigned agrees to the rules and regulations of Siren Telephone Company, Inc. set forth in the Telecom tariff, and to any general changes in rules, or rates for the service furnished under this application. This application becomes a contract when accepted in writing by Siren Telephone Company, Inc. If applicant/s credit rating is found to be not satisfactory a cash deposit will be required.

I certify that all the information provided is correct to the best of my knowledge and that any false statement provided is grounds for Siren Telephone to discontinue telephone service.

Signature Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_