



CHANGE OF LIABILITY FORM

Date: _____

Parties Involved:

1. Current Liable Party:

- Name: _____
- Service Address: _____
- Account Number: _____
- Contact Information: _____

2. New Liable Party:

- Name: _____
- Billing Address: _____
- Email: _____
- Phone Number: _____

Description of Liability: Fiber services at the above address & account number

Effective Date of Change: _____

Terms of Transfer:

The New Liable Party agrees to all responsibilities and liabilities as of the effective date onward.

/s/ _____

Signature

By typing your signature above, you agree all information is correct and use as your electronic signature.