

Application for Exemption from Directory Assistance Charges

Applicant (Disabled Person)	Person to Whom Exempt Telephone Number is Billed (if other
	than Applicant)
Last Name First Name MI	
Address	Last Name First Name MI
City State Zip	
Telephone Number(s) to be Exempt (include area code)	I certify that the Applicant is a fulltime resident
	Member of my household. If the Applicant ceases to reside
	fulltime in my household, I will promptly advise LUS Fiber.
Applicant agrees to promptly advise (or cause to be advised)	
LUS Fiber if the disability described here ceases to exist.	
Signature of Applicant (or person authorized to act on behalf of	
the Applicant):	Signature of the person billed for exempt telephone number:
SECTION BELOW TO BE COMPLETED O	INLY BY THE CERTIFYING ALITHORITY
The Certifying Authority must be a reputable professional whose knowledge and competence under the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf	
, , ,	e knowledge and competence under the specific circumstance is
generally accepted and acknowledged.	
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The above Applicant is: Blind	Visually Disabled
Physically Disabled (describe below)	Reading/Mentally Disabled (describe below)
Description:	
I certify that the Applicant has the above disability that prevents them from using a telephone directory and/or from completing	
telephone calls.	
Signature of Certifying Authority	Date
	Telephone
Printed Name	Number
Title Agency	

The facts in this application may be reviewed periodically by LUS Fiber

Return completed application to:

LUS Fiber Customer Service Center 1875-B West Pinhook Road Lafayette, LA. 70508

Fax: 1-337-291-8108 Voice: 1-337-993-4237