

# Application for Exemption of Directory Assistance Charges

Telephone: (519) 395-2625 or 1-877-395-2625 Fax: (519) 395-3738



**All information on this application will be kept in strict confidence.**

(Please PRINT all entries)

1. Name of person applying for exemption:

\_\_\_\_\_

Street Address:

City/Town:

\_\_\_\_\_

2. Reasons for Exemption:

- Certified disabled persons who cannot use the directory
- Certified functionally illiterate persons
- Certified persons having a temporary disability preventing usage of the directory
- Certified persons 65 years of age or over

3. Telephone number to be exempt. Area code (\_\_\_\_) Telephone Number (\_\_\_\_\_)

4. Signature of customer to whom telephone is billed:

\_\_\_\_\_

5. Certification

Age 65 years or over

\_\_\_\_\_

(Old age security card)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Position or Title)

**If you are under the age of 65, certification is required by a physician, clergyman or representative of an organization representing you by reason of your disability.**

Certifying Official's Name: \_\_\_\_\_

Position or title: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business \_\_\_\_\_ Residence \_\_\_\_\_

I hereby certify that the statement contained in item 2 above is correct:

\_\_\_\_\_

(Signature of Certifying Official)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_