



### Third Party Notification

#### Important information for households in which all adult residents are 65 years of age or older.

GoNetspeed developed procedures in accordance with Massachusetts Department of Telecommunications and Cable (DTC) regulations, which provide special protection to households in which all adult residents are 65 years of age or older. The procedures provide that the Company may not discontinue service to those properly identified in households without approval of the DTC. Furthermore, such customers may designate a third party of their own choice to whom the Company will also send notices of past-due bills. Sending discontinuance of service notices to a third party does not place an obligation on that party to neither pay the bill, nor will it necessarily defer, or prevent the disconnection of service if payment is not made as required.

A customer may voluntarily request the protection afforded by these procedures by completing and signing the attached reply card and returning it to GoNetspeed.

The protection afforded by these procedures will remain in effect until withdrawn by the customer or service is removed for reasons other than payment.

#### Age 65 or Over Notification and Third Party Designation

##### 1. Age 65 or Over Notification (to be completed and signed by customer)

I hereby certify that I am the customer of record for the account specified below and that I and all other adult residents of my household are 65 years of age or older, and that the information given below is true and correct: (please print)

My Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_

##### 2. Other Adult Residents

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

##### 3. Third Party Notification Request (to be completed and signed by customer)

I request that the Company send to the person designated below, notification of all past-due bills for the above account; notices of termination of service and notices of a right to hearing at the DTC. I acknowledge that the designated third party does not incur any liability for the payment of my account. I agree that the Company incur no liability whatsoever for failure to provide the requested notice for any reason.

Name of person or agency to be notified: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Customer Signature: \_\_\_\_\_