



Password Set Up

Per the new FCC rules regarding CPNI, please complete this form and return it to our office.

Reminder: If you call our office requesting information regarding your account, you must supply this password before the information can be disclosed. If you do not remember the password, the security questions below will be used for verification and a new password will be established. If a password cannot be supplied for call detail information, there are only a few ways mandated by the FCC in order to obtain the information.

- (1) Have the telephone representative call you back, but only at the telephone number of record
- (2) Have the telephone representative mail you the requested call detail information, but only to the address of record
- (3) You, the authorized account customer, must come to the telephone office and show your valid government issued photo ID

Only one form is to be completed per account; therefore, if there are more than one authorized customers on the account, this password will be for all authorized customers.

Current Authorized Account Contacts for: _____

Contact: _____

Contact: _____

****Authorized Customer Chosen Password:** _____

(Between 5 -10 characters – alpha, numeric, or alpha numeric mixed)

**This password cannot be historical information, such as based on your social security number, address, etc. The FCC is trying to minimize the possibility of false identification for supplying call detail. Therefore, do not use anything that someone else would be able to access.

Security Questions & Answers:

Choose two security questions and fill in the answer. This will be used to verify you as the authorized customer if the password cannot be remembered. The telephone representative will ask you the chosen questions and wait for the proper answer (that you provided below) before the password is re-established.

1. What was your first childhood pet's name?

2. What city were you born in?

3. What is your favorite color?

4. As a child, what was your dream occupation?

5. What brand of shampoo do you use?

Authorized By: _____

< Signature required

Date: _____

Please use the enclosed envelope to return the completed form to our office at:

**Geetingsville Telephone Co., Inc,
9155 N County Rd 200 E
Frankfort, IN 46041-7799
(765) 258-3111 or (877) 994-8355**