

# RESIDENTIAL CHANGE OF RESPONSIBILITY AGREEMENT

Agreement to Change Responsibility for Telephone and/or Telecommunications Service

The parties to this agreement are the **Current Outgoing Customer** \_\_\_\_\_

and the **New Incoming Customer**: \_\_\_\_\_

Whereas Hunter Communications provides telephone/telecommunications service at the following address:

\_\_\_\_\_  
Service Address

With assigned account number and/or telephone number \_\_\_\_\_ to the Customer.

The Customer and the Applicant desire to transfer the service to the Applicant.

### Select One:

The Customer also agrees to transfer the Telephone Number(s)/Account Number(s) to the Applicant.

The Customer only agrees to transfer the Telecommunications service and retains that right to the Telephone Number(s)/Account Number(s)

### The Parties agree as follows:

- The Outgoing Customer/Subscriber agrees to pay all outstanding charges previously billed on the service.
- The Outgoing Customer/Subscriber agrees to pay any additional charges due or to become due to Hunter Communications for services/usage provided to the effective date of service transfer to the Incoming Customer/Subscriber.
- After the date of the service transfer to the Incoming Customer/Subscriber, the Incoming Customer/Subscriber agrees to pay all charges for the service billed by Hunter Communications according to the applicable tariffs or price schedules. .
- After this agreement is received and accepted by Hunter Communications, it will become effective on the date the service is transferred on Hunter Communications records from the Outgoing Customer/Subscriber to the Incoming Customer/Subscriber unless otherwise stated and agreed to below by both Parties.
- If Hunter Communications does not receive this form back within 10 business days of the request to Hunter Communications, we will cancel the request for the change of responsibility and continue to provide service in the name of the Outgoing Customer/Subscriber.

**\*\*Hunter Communications has the right not to reassign the telephone/telecommunications service if, for any reason, it chooses not to do so. \*\***

\_\_\_\_\_  
Outgoing Customer/Subscriber Name (Printed)

\_\_\_\_\_  
Incoming Customer/Subscriber Name (Printed)

\_\_\_\_\_  
Outgoing Customer/Subscriber Name (Signed)

\_\_\_\_\_  
Incoming Customer/Subscriber Name (Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date of Transfer of Service

\_\_\_\_\_  
Effective Date of Transfer of Service

## ADDITIONAL INFORMATION WORKSHEET

### Outgoing Customer Information

1. What email/physical address would you like your FINAL BILL sent to: \_\_\_\_\_  
\_\_\_\_\_
2. Name & Telephone Number of a Contact authorized to discuss the final bill if necessary. \_\_\_\_\_  
\_\_\_\_\_

### New Customer Information

Do you have an existing account with Hunter Communications?

1. If yes, please provide the account number, telephone number or service address you would like this account associated with the account referenced on first page of this form. \_\_\_\_\_
3. **Names & contact numbers for:**
- a. Name, contact number, and email of authorized Primary Contact responsible for the invoice. \_\_\_\_\_  
\_\_\_\_\_
- b. Name and email of any Additional Authorized contacts \_\_\_\_\_  
\_\_\_\_\_
- c. What email address would you like your invoices for services sent to? Do you prefer paper invoices? If so, there is a \$4.95 charge associated with the paper invoice. \_\_\_\_\_
- d. If transferring phone service, how would you like your caller ID to read? (15 characters max) \_\_\_\_\_