

Customer Proprietary Network Information Form



The FCC requires CTC to have this form on file to ensure your privacy and identity.
Please fill out ALL of the blanks below and return by mail or in-person.

Account Information

Member Account Number: _____

Member First and Last Name: _____

Address on Account: _____

City, State, Zip Code: _____

Phone Number: _____

Secondary Phone Number: _____

Email: _____

CPNI Passcode / PIN

CPNI Passcode or PIN Number (Must be 3 characters): _____

Select A Security Question / Answer

Please answer **AT LEAST ONE** of the following security questions.
These security questions let us identify you if you forget your CPNI password.

What is your birthplace?: _____

What is your pet's name?: _____

What is your nickname?: _____

Authorized Users

List the names of all individuals authorized to discuss account information, make changes, or receive billing information for this account.
If you do not want to add additional contacts, please leave this section empty.

First and Last Name: _____ Relationship: _____ Phone Number: _____	First and Last Name: _____ Relationship: _____ Phone Number: _____
First and Last Name: _____ Relationship: _____ Phone Number: _____	First and Last Name: _____ Relationship: _____ Phone Number: _____

Member Signature: _____ Date: _____