

Customer Proprietary Network Information Form

Per FCC rules regarding Customer Proprietary Network Information (CPNI), this form needs to be completed and returned to our office.

We are only able to discuss account information with the person(s) listed on the account or proven power of attorney. As mandated by the FCC, these rules are for the protection of your privacy as they ensure that no one other than the authorized person is receiving account information and making account changes.

Account Information

Name on Account

Account Number

Account Phone Number

Personal Identification Number (PIN)

Due to the CPNI FCC rules, if you request call detail information you must supply your PIN before the information can be disclosed. If you do not remember the PIN, one of the following will be required:

- 1) A Gardonville representative will call you back at the telephone number of record.
- 2) A Gardonville representative will mail you the requested call detail information to the address of record.
- 3) You, the authorized account customer, must come to our business office and show your valid photo ID.

Please fill in a 6-digit PIN below:

A-Z A-Z A-Z 0-9 0-9 0-9

Email (optional)

The FCC allows call detail CPNI to be sent to an email address. Please provide an email if you would like our company to have it in our files. This email address must be in the company files for at least 30 days before CPNI can be sent to it.

Security Questions and Answers

A security question will be asked by a Gardonville representative for account verification when contacting us for account information. Choose two of the following security questions and fill in the answers.

What was your first childhood pet's name?

Where were you born? (You can use city and state, just city, state abbreviation, zip code, city nickname, etc.)

What is your favorite color?

As a child, what was your dream job?

What brand of shampoo do you use?

Authorized Account Contacts

I would like the following people to have authorization to inquire or make changes on the account. If you do not want to add additional names, please leave this section empty.

Signature: _____ **Date:** _____

Please Return Completed Form To:

Gardonville Cooperative Telephone Association | 800 Central Ave N, Brandon MN 56315
For questions regarding this form or the CPNI FCC Rules, please contact Donna Guetter,
Gardonville CPNI Compliance Officer, at (320) 524-2211.