



# APPLICATION SIGNATURE FORM

In order to process your application for service, please complete and return this form.  
**If returned by mail or fax, please include a photocopy of your identification.**

**APPLICANT:** (please print legibly)

Legal First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (you must be at least 18 years old)  
mm dd yyyy

One form of identification is required. Please provide one of the following.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

State Issued ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The applicant attests that all information provided to Siskiyou Telephone is accurate and is who he/she represents himself/herself to be. An applicant for service agrees to pay all exchange, toll and other charges against such service made in accordance with the provisions of the tariffs.*

**CO-APPLICANT:** (please print legibly)

Legal First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (you must be at least 18 years old)  
mm dd yyyy

One form of identification is required. Please provide one of the following.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

State Issued ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The co-applicant attests that all information provided to Siskiyou Telephone is accurate and is who he/she represents himself/herself to be. A co-applicant for service agrees to pay all exchange, toll and other charges against such service made in accordance with the provisions of the tariffs.*