

## Verizon Application

\_\_\_\_\_  
Your Name *(please print)*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Code & Phone Number *(must be included)*

**Please enroll me in:**

- Special Protections for Seniors and Customers with Disabilities**
- I am 62 years of age or older
- I have a long-term disability *(identify below)*

- \_\_\_\_\_  
 **Third-Party Notification** *(Please complete & have your third-party sign below):*  
I request any notice about an overdue bill or service turnoff be sent to the person or agency named here. I understand that this third-party is not responsible for paying my bill.

\_\_\_\_\_  
Third-Party Name *(please print)*

\_\_\_\_\_  
Third-Party Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Code & Phone Number *(must be included)*

Mail this form to:  
Verizon SRC  
P.O. Box 33075  
St. Petersburg, FL 33733-8075