



Click to view field by field instructions on filling this form.

Wireless Service Request (WSR) Total/Partial Disconnect of Account

RF-1654
(02-08-2005)

Section A: General Information

1. Date (R)	2. Type & Quantity of Service to disconnect (R)	2a. Disconnect entire account (R) <input type="checkbox"/> <input type="checkbox"/>	2b. If No, How Many?	3. Firm Order (R) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section B: Originator and FOC Information

4. PON (R)	5. Related PON (O)	6. Originator Name (First) (R)	Originator Name (Last) (R)
7. Originator Telephone Number (R) () - -	8. Originator E-mail Address (R)		
9. FOC Name 1 (R)	10. FOC Telephone Number 1 (R) () - -	11. FOC E-mail Address 1 (R)	
12. FOC Name 2 (O)	13. FOC Telephone Number 2 (C) () - -	14. FOC E-mail Address 2 (C)	
15. FOC Name 3 (O)	16. FOC Telephone Number 3 (C) () - -	17. FOC E-mail Address 3 (C)	

Section C: Administrative

18. Customer Name (R)	19. Account Number (R) () - -
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20. If answer to 2a. is "No", please list circuit numbers to be disconnected (C)

Ckt No. / Terminal No.	Ckt No. / Terminal No.

20a. General Remarks (O)

20b. Who to call to disconnect circuit (Specific Person's Name) (R)	20c. Telephone Number (R) () - -
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21. Desired Due Date To Be Disconnected (C)

Section D: Billing / Contract Information

22. Billing Name (Must Match Name on Legal Records) (R)		
23. Billing Name (Attn:) (O)	24. Billing Address Room & Floor (O)	
25. Billing Address Number and Street (R)		
26. City (R)	State (Select One) (R)	Zip (R)

Section E: Information to be Provided by Account Team

27. Termination Charges (O) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27a. If Waive Termination Charges, enter reason for waiver (C)
27b. If Termination Charges YES, provide amount to be billed (Provided by BellSouth) (C) \$

For Internal BellSouth Use Only

Sender's Email Address	
(Enter Electronic Signature)	Date (MM/DD/YYYY)