

## MASSACHUSETTS AND RHODE ISLAND

## Application for Exemption from Directory Assistance Charges and Operator Assisted Calls

If you have a disability that prevents you from using a rotary or touchtone telephone, or a telephone directory, Verizon can help. To qualify for these services you must have a visual or motion disability.

For certification of your disability, please have a Physician complete the second page of this application.

	TELEPHONE NUMBER TO BE	EXEMPT	
Billing Telephone Numbe	er (including area code): (	)	
NAME & ADI	DRESS OF THE PERSON APPLYIN	G FOR THE EXEMPTION	
Name:			_
Street Address:			_
City:	State:	Zip Code:	
NAME & ADDRES	SS OF PERSON PAYING THE TEL	EPHONE BILL, IF DIFFERENT	
Name:			
Street Address:			_
City:	State:	Zip Code:	
Operator Assisted Calls.	om the charges for Verizon Loc I understand the exemption is Dication. This exemption applic	only provided on the telephone	
Signature		Date	

## TO BE COMPLETED BY PHYSICIAN (ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

Physi	cian Name:			
Street	t Address:			
City:		State:	Zip Code:	
Telep	hone Number: ()_			
l here	by certify that the applicant	is qualified for the exe	emption.	
Signa	ture	I	License Identification	
	CHECK THE C	ONDITION THAT APPLIE	S TO THE APPLICANT	
		the widest diameter of	/200 or less in the better eye with f the visual field subtends an angular	
	☐ Visual Disability is defined as the inability to read printed material, with or without corrective lenses, and includes the inability to read telephone book size characters.			
	Motion Disability is defined touchtone phone as a resu		e ordinary printed material or a rotary ons.	DI
		_	over. Eligible for an exemption from privilege or call completion)	

## MAIL COMPLETED APPLICATION TO:

Verizon Center for Customers with Disabilities 900 Chelmsford Street 4<sup>th</sup> Floor Lowell, MA 01851