

Bona Fide Retail Request Application

Please fill out this application form completely. If your application is incomplete, it will not be processed and will be returned to you.

Applicant Information				
Name:				
Service Address: Street (Line 1):	□ Residence □ Business			
Street (Line 2):				
City:				
County:				
Zip Code:				
Phone:				
Email Address:				
I am requesting Broadband service for the following address:				
Street (Line 1):				
Street (Line 2):				
City:				
County:				
Zip Code:				

Bona Fide Retail Request Application

			,
Do you currently have phone service with Verizon at this address? If yes, please provide you 10-digit Verizon telephone number:		□ Yes	□ No
Do you currently receive service from a Cable TV provider at this address? If yes, who is your Cable TV provider?		□ Yes	□ No
Do you currently red	ceive Broadband service at this address?	□ Yes	□ No
Is Broadband service available to this address from a Cable TV or 4G Wireless provider?		□ Yes	□ No □ Unsure
Do you currently ha address?	ve more than one telephone line serving this	□ Yes	□ No
Mailing Address			
☐ Same as Service	e Address. or:		
Street (Line 1):			
Street (Line 2):			
City:			
County:			
Zip Code:			
•			
Applicant Certific	cation		
available only if Veri Retail Requests with AGREE TO SUBMIT	is Bona Fide Retail Request is an application for broadl zon receives a minimum of 35 eligible single-line reside nin the same census tract in which I am located. UPON A \$100.00 DEPOSIT THAT WILL BE APPLIED TO MY ROADBAND SERVICE FOR A MINIMUM TERM OF ON	ential and/ REQUES / SERVIC	or business Bona Fio T BY VERIZON, I
Name (Printed):			
Signature:			
Date:			
Please mail your	completed application to:		

Verizon NJ BFRR Program 6th Floor 540 Broad St. Newark, NJ 07102.