

Customer Service Information Request (CSIR)

Administrative Section

Page ___ of ___

(*) = Required Field

V5

To: AT&T Local Business Services

Date & Time Request Sent: _____

Transaction Number: _____

Type of Service Business (OCN 7125 or 7421) Consumer VoIP / CallVantage (OCN 7125)

Requesting Company Contact

Requesting Company Name: _____

Initiator Name/Contact Tel # _____

Address: _____

Fax #: _____

E-Mail: _____

Means of Response to Requesting Company

Preferred Means of Response w/Contact Info: _____

Alternate Means of Response w/Contact Info: _____

* Default Response (FAX) _____

* ATTENTION: _____

* *Default Response is Required To Be Acceptable*

End User Authorization Obtained? * Yes

Customer Location (End User)

Name: _____

Service Address _____

City, State _____

Number Section

BTN _____

Response Reasons and Codes (AT&T's response to requesting party)

Response ID _____

<u>Response Descriptions</u>	RESPC
Account Tel. No. and/or Customer Location Not Found	001
Customer Supplied Account Information For Requested Account Does Not Match Active Account	018
Account Exceeds Maximum Page or Fax Limit	052
Required Requesting Company Contact Information Incomplete or LOA box not checked	501

Remarks _____

To deliver CSIR to AT&T: email to g10296@att.com.