

ANCHORAGE OFFICE
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UTQIAGVIK OFFICE
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RESIDENTIAL APPLICATION – CHANGE OF RESPONSIBILITY RELEASE

Account Number(s): _____
(list all account #s or provide attachment)

OR

Telephone Number(s): _____
(list all telephone #s or provide attachment)

ASTAC is hereby requested to transfer all services now provided to the customer associated with and holding the above referenced account/telephone number(s). All charges on this account will be paid to a zero balance prior to any transfer.

The customer assuming the account/numbers agrees to assume and be fully bound by any agreement or conditions now in effect between ASTAC and the outgoing customer regarding telephone service, equipment, and the directory advertising, whether or not contracted charges have been billed.

The incoming and outgoing customers agree to save and hold ASTAC free and harmless from any loss, damage, or liability that might result from the transfer and, in the event of suit, agree to pay ASTAC reasonable attorney fees and court costs.

The incoming and outgoing customers agree that the information in this Change of Responsibility may be released to the other telephone companies, upon request, for collection purposes.

The outgoing customer understands that this transfer is contingent upon the signature of the incoming customer being accepted by ASTAC.

This agreement is effective upon the date it is received and accepted by ASTAC with proper signature, unless another date is agreed upon as shown below.

- Residential Change of Responsibility**
- Joint User Changing to Single User**

Print name of **Customer Releasing Account**

Print name of **Customer Assuming Account***

Signature of **Customer Releasing Account**

Date

Signature of **Customer Assuming Account***

Date

Witnessed by: (Print)

Witnessed by: (Signature)

Effective Date

For Office Use Only	
Date Received _____	Date Completed _____
New Customer Account # _____	Deposit Required _____
CSR Initials _____	

***NEW customer must complete an application**