# LOCAL NUMBER PORTABILITY FORM

## Residential & Business Account

| SECTION 1: CLEC INFORMATION | | SECTION 2: SALES CONTACT |
|---|---|---|
| **LMPR OCN 8305** | Sales Representative: | **Optico Fiber** |
| PO Box 71514 San Juan PR 00936-8614 | Telephone. Number: | Tel: 787-728-9000 |
| Tel: 787-620-3456 | Email: | sales@opticofiber.com |

| SECTION 3: CUSTOMER INFORMATION |
|---|
| **Customer Name or Company Name:** |
| |
| |
| |
| Telephone Num.: |

| SECTION 4: GENERAL INFORMATION – FOR INTERNAL USE ONLY | |
|---|---|
| Cut Over Date: | |
| CLEC Authorized Representative: | Yamil Rivera-Rivera |
| Email: | Yamil.rivera1@libertypr.com |
| Telephone Number: | 787-641-9304 |

| SECTION 5: CONFIGURATION TABLE | |
|---|---|
| Billing Telephone Number (BTN): | |
| Company Name: | |

| Numbers to be Ported | | | | | | |
|---|---|---|---|---|---|---|
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**X** This letter authorizes LMPR to access account information from any current & future providers of telecommunication goods and services.

**X** This letter authorizes LMPR to request orders for changes, additions or other modifications of services on my behalf at any time.

| SECTION 6: AUTHORIZATION |
|---|

| | |
|---|---|
| Signature: | |
| Printed Name: | |
| Date: | |

| Special Condition: |
|---|
| |

TO FILL IN MOLD LETTER / ATTACHED RECENT INVOICE TELEPHONE