



## Security Questions

Please fill out the customer questionnaire below as mandated by the FCC to protect your account from identity theft. This form must be completed by the Account Holder. Please return by mail to the address below or submit in person to any Blue Ridge Communications office.

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Who else can authorize changes to your services? (Leave blank if no authorized users)

Authorized User Name \_\_\_\_\_

Authorized User Birthday (MM/DD/YYYY) \_\_\_\_\_

Please provide an account password or passcode, to be used when you call in:

Verbal password \_\_\_\_\_

In case you would forget your password, please answer any **TWO (2)** of the security questions below:

In what city where you born? \_\_\_\_\_

What is your Grandfather's nickname? \_\_\_\_\_

What High School did you attend? \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

What is your pet's name? \_\_\_\_\_

What is your father's middle name? \_\_\_\_\_

Should your bills be mailed to an alternate address? NO \_\_\_\_\_ YES \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Completed Paperwork to:  
Blue Ridge Communications  
594 Blakeslee Blvd. Dr. W.  
Lehighon PA 18235

TICKET # \_\_\_\_\_

9/2024