

SIREN COMMUNICATION RESIDENTIAL SERVICE APPLICATION

PO BOX 426, SIREN, WI 54872

Telephone: 715-349-2224 Fax: 715-349-2576

Email: sirentel@sirentel.net Website: www.sirentel.com

DATE SERVICE DESIRED _____

Name of Applicant _____

Date of Birth _____ Driver's License # _____ SS# _____

Name of Employer _____ Phone # _____ Position _____

Co-Applicant _____

Date of Birth _____ Driver's License # _____ SS# _____

Name of Employer _____ Phone # _____ Position _____

Account and Credit Information

Street Address _____ City _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Do you own? _____ Rent? _____ Name of Landlord _____

Landlord's telephone # _____

Names of all other adults living in household _____

Previous address _____

Contact Telephone Number _____ **Current Cell Phone Number** _____

In making this application the undersigned agrees to the rules and regulations of Siren Communications, Inc. general changes in rules, or rates for the service furnished under this application. This application becomes a contract when accepted in writing by Siren Communications, Inc. If applicant/s credit rating is found to be not satisfactory a cash deposit will be required.

I certify that all the information provided is correct to the best of my knowledge and that any false statement provided is grounds for Siren Communications to discontinue service.

Signature Applicant _____ Date _____

Signature Co-Applicant _____ Date _____