

**HAMILTON RELAY  
LETTER OF AUTHORIZATION**

When you sign this Letter of Authorization (LOA) you give permission to:

- Hamilton Relay to become your default IP Relay provider for the number you list (below).
- Hamilton Relay (via Dash Carrier Services or another carrier chosen by Hamilton), to move the 10-digit number you list below from your current provider to Hamilton Relay.
- Hamilton Relay to represent you and do whatever research and other work necessary to complete your change request.
- Hamilton Relay to inform your current default IP Relay provider about this change.
- Hamilton Relay to keep your account up to date.
- Hamilton Relay to get any call records or other related information needed to provide IP Relay services to me.

<p><b>Customer Name (PRINT):</b></p> <p><b>Registered Street Address:</b></p> <p><b>City:</b></p> <p><b>State and Zip Code:</b></p> <p><b>Email Address:</b></p> <p><b>Current Provider:</b></p> <p><b>Phone number you want to move:</b></p> <p><b>Screen name (if any):</b></p>
---

**Customer Signature** \_\_\_\_\_

**Date of Request:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**I confirm:**

- I am eligible to obtain a 10-digit relay telephone number because I have a verifiable hearing and/or speech disability.
- I live in the United States.
- I am 18 years or older.
- I am authorized to make this telephone number change.
- I have read and agree to Hamilton's Terms and Conditions of Service, Privacy Policy and E-911 Disclaimer. [need to link these]
- **I agree to quickly inform Hamilton Relay if/when my registered location information changes.**
- **If I do not inform Hamilton Relay of my updated location information, I understand my 911 calls from this number may not be handled correctly.**

**PLEASE RETURN THIS FORM ANY OF THE FOLLOWING WAYS:**

**FAX:** 1-402-694-5110

**MAIL:** Hamilton Internet Relay, P.O. Box 285, Aurora, NE 68818

**EMAIL SCANNED COPY:** [info@hamiltonrelay.com](mailto:info@hamiltonrelay.com)