



**APPLICATION FOR EXEMPTION FOR VISUALLY IMPAIRED CUSTOMERS**

If you have a visual impairment which prevents you from using a telephone directory, Western Iowa Networks can help. To qualify for exemption from directory assistance charges, please complete the application form below. You must have either your physician or an authorized representative from the Iowa Department for the Blind complete the certification section of this form and return to our office:

By mail            112 East Main St., Breda, IA 51436  
By fax            (712) 673-2800  
By email        customerservice@westianet.com

If you require assistance completing this application, please call 888-508-2946 to speak with a customer service representative.

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Required customer information:

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Please check all exemptions required and sign below:

Exemption from Directory Assistance and/or Operator Assisted Call Charges (applies when phone is used to dial 411 and/or when operator places a call for you from your phone)

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

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**TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED REPRESENTATIVE FROM THE IOWA DEPARTMENT FOR THE BLIND:**

Physician or representative name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby certify the applicant is qualified to receive this service.

Signature \_\_\_\_\_ License Identification \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Employee Signature: \_\_\_\_\_ Date received: \_\_\_\_\_ Service Order #: \_\_\_\_\_

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