



# RespOrg Change Request

## Change Authorization

I, (Name) \_\_\_\_\_ certify that I am an authorized representative of (Company Name) \_\_\_\_\_ and hereby appoint SimSIP, LLC as the Responsible Organization for toll free numbers.

	Phone Number(s)		Phone Number(s)
1		6	
2		7	
3		8	
4		9	
5		10	

NEW RESPORG	<b>WLS27</b>	CURRENT RESPORG	
New RespOrg Contact:	EASTERN REP		
New RespOrg Telephone #:	(541) 593-2900		
New RespOrg Fax #:	(541) 593-2090		

### Customer Information

Company Name:		Service Address:	
Authorized Name:		Email Address:	
Authorized Tel #:		Authorized Fax #:	
Authorized Signature:		Title:	
		Date:	
		Recv'd	