



## CPNI Opt Out Form

I have read this notice and prefer to Opt Out of Endeavor Communications' marketing of products and services outside of my existing scope of service.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please mail this form to: Endeavor Communications, PO Box 237, Cloverdale, IN 46120, drop it by our office at 2 S. West Street, Cloverdale, IN, or fax it to Endeavor Communications at 765-795-6599.