Directory Assistance and Operator Services Exemption Form

Name
Address

City
State
Zip Code

Customer Account Number
XFINITY Voice Phone Number

Eligibility Requirements

To enroll or renew enrollment in the Comcast Directory Assistance/Operator Assistance exemption program, the Comcast customer must subscribe to XFINITY Voice service. The Comcast customer must provide a certified card or letter from an authorized state agency, or a letter of eligibility from their physician. (Massachusetts Residents Only: Customers ages 65 and older are eligible for the exemption regardless of physical or visual disability. Customers who meet the age requirement in Massachusetts must provide a copy of a valid identification card). Directory Assistance charges and Operator Assistance charges will be waived for eligible participants.

Please mark each box applicable:

_____ Physical Disability  _____ Functional Disability  _____ Visual Impairment

_____ 65 years of age or older (Mass. Residents Only)

I am requesting:  _____ Directory Assistance Exemption  _____ Operator Services Exemption

Application and Eligibility Certification

Please fill out and sign this form and attach the appropriate proof of certification (do not send originals, only photocopies) and send to:

By Mail:
Comcast Accessibility CoE
24081 E. Mission Avenue
Liberty Lake, WA 99019
Attn: OS/DA Exemption

By Email:
accessibility@comcast.com

By Fax:
(866) 599-4268

Under penalty of perjury, I confirm that I qualify for the above noted exemption of Comcast Directory Assistance. I understand that I am required to notify Comcast if the need for an Exemption no longer exists.

________________________________________  _____________________
Your Signature  Date