



**REQUEST OF SERVICE CHANGE**  
 Le-Ru Broadband & Telephone Company  
 P. O Box 147  
 Stella, MO 64867

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Office: (417) 628-3844 Toll Free: (866) 628-3844 Fax: (417) 628-3686 Email: [info@leru.net](mailto:info@leru.net)

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**Services will be changed on the date Le-Ru Broadband & Telephone Company receives this document. Service charges will be pro-rated from the date of disconnect.**

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I hereby request, Le-Ru Broadband & Telephone Company, to make changes to my account regarding the services provided. Please change the following:

- \_\_\_ Add Telephone Service
- \_\_\_ Add Internet Service Options: \_\_\_ 5/1 Mbps \_\_\_ 10/1 Mbps \_\_\_ 15/1 Mbps \_\_\_ 25/3 Mbp \_\_\_ Highest Available  
(download/upload)
- \_\_\_ Add Long Distance Service Options: \_\_\_ Le-Ru \_\_\_ MCI \_\_\_ Excel  
(Le-Ru Long Distance options: \_\_\_ Classic (.14/min) \_\_\_ Premium (.10/min+3.95/mo) \_\_\_ Elite (.08/.09/min+6.95/mo)
- \_\_\_ Disconnect All Services Date to be Disconnected: \_\_\_\_\_  
 Reason for Disconnection: \_\_\_\_\_
- \_\_\_ Disconnect Just Internet Services Date to be Disconnected: \_\_\_\_\_  
 Reason for Disconnection: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

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**Forwarding Address:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

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**Only authorized persons who are listed on the account are capable of changing or disconnecting services. Exceptions cannot be made just because the person's name on the account is in the hospital/nursing home or even deceased. Only persons listed on the account or those with Power-of-Attorney can authorize changes to the account.**

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

**Print Name:** \_\_\_\_\_

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**For Office Use Only:**

**Date:** \_\_\_\_\_ **Account #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_