

**ENHANCED 9-1-1
MASTER STREET ADDRESS GUIDE
ACCEPTANCE FORM**

This document represents customer acceptance and verification of the contents of the Enhanced 9-1-1 Master Street Address Guide (MSAG) dated XXXXX, 2000 for the (XXXXXX) COUNTY E 9-1-1 SYSTEM as an accurate account of all the emergency service numbers (ESNs) with correct corresponding street names (as established by applicable law), and address ranges, as provided for the areas covered by the telecommunication carriers within the proposed E 9-1-1 serving area.

It is understood that approval of this MSAG by the (XXXXXX) COUNTY EMERGENCY TELEPHONE SYSTEM BOARD is required so that the implementation of the (XXXXXXXXXX TELEPHONE COMPANY) E 9-1-1 system can proceed to meet the customer cut over date targeted for (XXXX, 2000).

Any changes requested to the MSAG subsequent to the execution of this form shall be in writing and shall affirmatively state that the customer has verified the requested change against all applicable laws, ordinances, plats and maps of the affected area and the requested change is in compliance therewith. Such requested changes shall be sent or faxed to:

9-1-1 Telco Coordinator
Address
City, IL zip
Tel: (XXX) XXX-XXXX
Fax: (XXX) XXX-XXXX

Approved this _____ day of (XXX, 2000).

(XXXXXX) COUNTY EMERGENCY
TELEPHONE SYSTEM BOARD

BY: _____

TITLE: _____