



TELECOMMUNICATIONS SERVICE ACCESSIBILITY SURVEY

Name: _____

Phone number: _____

1) Briefly describe the disability of the member of your household, and how it is affecting his or her use of our services:

2) Please check the services with which your household member is experiencing difficulty due to his or her disability:

- | | | |
|---|--|--|
| <input type="checkbox"/> Local exchange voice | <input type="checkbox"/> Tone-and-voice paging | <input type="checkbox"/> Call monitoring |
| <input type="checkbox"/> Long distance toll calls | <input type="checkbox"/> Vibrating paging | <input type="checkbox"/> Caller ID |
| <input type="checkbox"/> Cellular voice service | <input type="checkbox"/> Call waiting | <input type="checkbox"/> Call tracing |
| <input type="checkbox"/> Cellular text messages | <input type="checkbox"/> Speed dialing | <input type="checkbox"/> Repeat dialing |
| <input type="checkbox"/> Tone-only paging | <input type="checkbox"/> Call forwarding | <input type="checkbox"/> Interactive voice |
| <input type="checkbox"/> Alphanumeric paging | <input type="checkbox"/> Directory Assistance | <input type="checkbox"/> Voice mail |

3) Are you aware of any devices or services that could help alleviate these difficulties?

4) May we contact you further about the accessibility issues? ☐ YES ☐ NO

5) What is the best time and manner to contact you?

Please return this completed form to NATCO Communications. Thank you!

Mail to:
P.O. Box 209
Flippin, AR 72634

Deliver in Person:
301 East Main Street
Flippin, AR 72634

Provide Answers via Phone:
453-8800 (in Flippin)
800-775-6682 (Toll Free)