



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)