



## CPNI Opt-Out Request Form

If Subscriber wishes to restrict Direct Communications from using Subscriber's CPNI (Customer Proprietary Network Information) which is used to offer types of service(s) other than those to which Subscriber is already receiving, then a Opt-Out Request Form must be filled out and submitted.

Please mail the form to:

Direct Communications  
Re: CPNI Opt-Out Request Form  
PO Box 269  
Rockland, ID 83271

Or Email the form to: [customersupport@directcom.com](mailto:customersupport@directcom.com)

DATE: \_\_\_\_\_ CUSTOMER ACCOUNT NO. \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Questions? Please contact Direct Communications Customer Service at [Contact Us](#).