Affidavit for Separation of Lines Belonging to Individuals Under the Care of a Survivor

I am a survivor requesting a line separation under 47 U.S.C. § 345;

I am requesting to separate the below line(s) from a shared account; and

I attest that the individual(s) who are the users of the below number(s) are under my care:

_____

_____

_____

_____

_____

_____

_____ _____

Printed Name Date

_____

Signature