



Norvado Call Tracing Options

Customer Name _____
Address _____
City _____ State _____ Zip _____
Account # _____

Customer Originated Trace (COT)

Activation Fee \$ 5.00 non-recurring _____
COT Monthly Charge \$ 3.00 per month _____

Instructions - After you receive a nuisance call, hang up and then immediately pick up your receiver.
Listen for dial tone.
Press *57 on a touch-tone phone.
You will hear an announcement telling you whether the call was able to be traced or not.
If the call was traceable, call the telephone office and they will release the information to the appropriate law enforcement agencies.
This service and the monthly charge remain on the account until the subscriber requests that the option be removed.
COT works in conjunction with Caller ID Service to identify phone numbers.
If Caller ID would show anything other than a phone number (private, nonpub, fictitious number), the call cannot be traced.

Customer Line Identification (CLI)

Activation Fee \$50.00 non-recurring _____

Instructions - After you receive a nuisance call, hang up and then immediately write down the date and time of the call.
Call the telephone office and they will release the information to the appropriate law enforcement agencies.
This service expires after thirty (30) days.
This service captures the originating telephone number and/or Carrier. This feature does not rely on Caller ID Service.

Authorization:

I, _____ (print name) request and authorize Norvado (formerly Cheqtel) to register the source of, or endeavor to identify the source of the _____ (nuisance, obscene, harrassing, etc.) telephone calls that have been received by myself or other persons at telephone number _____.

I hereby authorize the disclosure of any information that may develop to representatives of any law enforcement agency that may be engaged in conducting an investigation of such calls. I understand that this information cannot be given to me or my representatives as it is to be used only as evidence in a criminal investigation.

I understand that it is my responsibility to notify the jurisdictional law enforcement agency to file a complaint and receive a Case Number. This Case Number is provided below. All future contact regarding the identity of these calls will be between myself and the law enforcement agency.

Payment method: Check _____ Cash _____ Visa or Mastercard _____ Subtotal _____
Name as it appears on Card _____ CVC# _____ 5.5% Sales Tax _____
Card # _____ Expiration Date _____ Total to be Submitted _____

I have notified the following Law Enforcement Agency _____ on _____ day of _____, 20____.
Case Number: _____ Contact Name and phone number _____
Office Use Only Customer ID:SO# _____ SO Type _____ Install Dt _____ Agree# _____ Plant Info: _____
Authorized Signature: _____ Witness: _____
Print Name: _____ Date: _____

This form MUST be filled out completely or request cannot be processed.

Office Use Only
CSR _____

Please Fill out Contact Information:

Email Address: _____ Secondary Email _____
Home #: () - _____ Cell #: () - _____