

TELEPHONE PREFERENCE SERVICE ENROLLMENT REQUEST

To:

DMA Telephone Preference Service
Post Office Box 1559
Carmel, NY 10512

PLEASE REGISTER MY NUMBER WITH TELEPHONE PREFERENCE SERVICE

NAME: _____

STREET: _____ APT # _____

CITY: _____

STATE: **WYOMING** ZIP CODE: _____ - _____

TELEPHONE NUMBER: _____

SIGNATURE: _____ DATE: ____/____/____

THANK YOU!