COMCAST

Accessibility - Directory Assistance and Operator Services Exemption Form

Name _____ Address _____

City _____ State _____ Zip Code _____

Customer Account Number _____ XFINITY Voice Phone Number _____

Eligibility Requirements

To enroll or renew enrollment in the Comcast Directory Assistance/Operator Assistance exemption program, the Comcast customer must subscribe to XFINITY Voice service. The Comcast customer must provide a certified card or letter from an authorized state agency, or a letter of eligibility from their physician.

(Massachusetts Residents Only: Customers ages 65 and older are eligible for the exemption regardless of physical or visual disability. Customers who meet the age requirement in Massachusetts must provide a copy of a valid identification card). Directory Assistance charges and Operator Assistance charges will be waived for eligible participants.

Please mark each box applicable:

_____ Physical Disability _____ Functional Disability _____ Visual Impairment

_____65 years of age or older (**Mass. Residents Only**)

I am requesting: _____ Directory Assistance Exemption _____ Operator Services Exemption

Application and Eligibility Certification

Please fill out and sign this form and attach the appropriate proof of certification (do not send originals, only photocopies) and send to:

By Mail:	**By Email:**	**By Fax:**
Comcast Accessibility CoE Attn: OS/DA Exemption 1701 JFK Blvd Philadelphia, PA 19103	OSDA@comcast.com	(866) 599-4268

Under penalty of perjury, I confirm that I qualify for the above noted exemption of Comcast Directory Assistance. I understand that I am required to notify Comcast if the need for an Exemption no longer exists. If Questions, please call Accessibility Department at 855-270-0379.

_____ _____

Your Signature *Date*