



## Special needs application

Please print.

### Customer Contact Details to be completed by customer or TELUS agent

surname		first name
street address		city/town
province	postal code	mobile phone no.
other contact phone no.(s)		

### Exemption or Discount (check the appropriate box)

<input type="checkbox"/> Directory Assistance Exemption for <b>motion</b> disability	CNIB registration number (if available)  _____
<input type="checkbox"/> Directory Assistance Exemption for <b>visual</b> disability	
<input type="checkbox"/> Directory Assistance Exemption for <b>hearing</b> or <b>speech</b> disability	

### Visually Impaired Bill Format (check **one** box only)

<p>Please provide me with a TELUS bill in the following format:</p> <p><input type="checkbox"/> Braille (Grade 1)</p> <p><input type="checkbox"/> Large Print</p>
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**Note:** TELUS will provide bills in the above specified alternate format within 2 months of receiving your **completed** application.

### Special Instructions:

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### Consent and Waiver

The undersigned customer hereby consents to the disclosure by TELUS to third party Service Providers of customer's billing information for the number(s) listed below, for the purpose of generating bills in an alternate format. The undersigned customer has asked TELUS to send billing data over the Internet and agrees that TELUS will not be responsible for any release, loss or damage of data related to the transmission of such data.

mobile phone number(s): \_\_\_\_\_

customer's signature: \_\_\_\_\_

**To be completed by a medical practitioner or an authorized official  
from applicant's organization:**

surname and first name of medical practitioner or authorized official		title/position	
name of organization		contact phone no.	
street address			
city/town	province	postal code	

**Reason(s) for Application**

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I hereby attest that the information provided on this application is correct.	_____
	signature of medical practitioner or authorized official

Please mail the completed application forms to:

TELUS Communications Company  
Billing & Finance Department  
6<sup>th</sup> Floor, 200 Consilium Place  
Scarborough, Ontario  
M1H 3J3