

Toll Restriction Waiver of Liability

Please fill in the appropriate information, sign the form and return to the following address:

**Mid-Rivers Communications
Attn: Customer Services
PO Box 280
Circle, MT 59215**

Member # _____

I, _____ (Name) have requested that toll bar service be placed on my telephone number _____. I understand that this feature will prevent 0+ and 1+ calls from being placed from this telephone line. This feature will also eliminate dialing "0" to reach the operator. I also release Mid-Rivers Communications from any liability resulting from the inability to place such a toll call from my telephone, and assume all liability connected with the inability to make toll calls from my telephone.

(Signature)

(Date)