

**CPNI- Customer Proprietary Network Information
Pend Oreille Telephone Co
Password Set-up and Options**

Customer Name _____

Account Number _____

Other Authorized Person _____

Choose the following CPNI option:

- Give out information
- Do not give out information

Password* _____

Please do not use readily available biographical information
(Minimum 4 characters ~ Maximum 10 characters)

Back-up Authentication Question for Forgotten Passwords

City in which you were born: _____

Please return this completed form with your next payment

Thank you!