

Mississippi Public Service Commission

Brent Bailey Central District Dane Maxwell Southern District

Brandon Presley Northern District



NO CALL Subscriber Registration Form

Required fields are marked with an asterisk (*). The form will not be processed if all required fields are not completed. **Commercial phone numbers cannot be registered.**

				1	(circle)		
Phone Number				Land		lline or Cell	
Billing Nam	e and Add	dress	F	LEASE P	RINT		
Prefix (circle)		Name					
Mr. Mrs. Ms.							
Address							
City			State	Zip	C	county (MS res	sidents)
Physical Ac	Hdress - S	ame as Rill	ing 🔲				
Physical Address	ddress – S	ame as Bill	ing 🔲				
	ddress – S	ame as Bill	ing				
	ddress – S	ame as Bill	State	Zip	0	County (MS re	sidents)
Address	ddress – S	ame as Bill		Zip	C	County (MS re	sidents)
Address	ddress – S	ame as Bill		Zip	C	County (MS re	sidents)
Address	ddress – S	ame as Bill		Zip	C	County (MS re	sidents)
Address City Email:	other tele	phone num	State bers on tl			County (MS resount)	
Address City Email:	other tele	phone num	State bers on tl				
Address City Email:	other tele	phone num	State bers on the below:		nt that y		e to add to
Address City Email: If you have the NO CA	other tele LL list, ple	phone num	State bers on the below:	nis accour	nt that y	ou would like	e to add to
Address City Email: If you have the NO CAlcle)	other tele LL list, ple	phone num	State bers on the below:	nis accour	nt that y	ou would like	e to add to
Address City Email: If you have the NO CAlcle)	other tele LL list, ple	phone num ase list ther ^{mber}	bers on the below:	nis accour	nt that y	ou would like	e to add to

The information obtained in this registration is not open to public inspection or disclosure as defined in the Commission's Order. The Mississippi Public Service Commission will take all necessary steps to protect the confidentiality of the information in its database.

Mail completed form to: Mississippi Public Service Commission No Call Program P.O. Box 1174 Jackson, MS 39215-1174