

Letter of Authorization
For a Frontier Authorized Agent


To: FRONTIER COMMUNICATIONS CORPORATION AND ITS' AFFILIATES (collectively "FRONTIER")

Under the terms of this agreement ("Agreement") and on behalf of the Company named below ("COMPANY"), I hereby authorize Freit Data Solutions an authorized participant in FRONTIER'S Agent Program ("Authorized Agent"), to handle the negotiation of, and submission of requests for all FRONTIER services provided and to be provided to the Company ("Services"), provided that such representation shall not include the authority for Authorized Agent to sign on behalf of the Company. For purposes of this Agreement, Services include, but are not limited to, selections of communications providers and service plans, both present and future.

I grant FRONTIER and Authorized Agent access to the Company's Frontier account information (i.e., customer service records, inventory itemization, rates, charges, contract renewals, and copies of billing) in connection with the sales and/or marketing of network services, customer premises equipment, enhanced services, and any other information necessary to supply Services. I authorize FRONTIER to provide to Authorized Agent any information Agent requests pertaining to Frontier Services used or to be used by Company.

This authorization applies to Company's Frontier existing accounts and any new accounts, but does not preclude Company from acting on its own behalf. FRONTIER is released from any and all liability to Company for obtaining from and releasing information to Authorized Agent and for following Agent's instructions regarding Frontier Services and pricing.

This authorization will remain in effect until the earlier of (1) 12 months, or (2) modified and/or revoked, in writing, by the undersigned or another authorized representative of Company, or (3) Authorized Agent ceases to participate in FRONTIER's Authorized Agent program.

<p>COMPANY: <u>Williamson County</u></p> <p>Authorized Signature: _____</p> <p>Printed Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p>FRONTIER:</p> <p>Authorized Agent Signature: </p> <p>Printed Name: <u>Dulari von Christierson</u></p> <p>Accepted: <u>12/07/2021</u></p> <p>Commercial Agent Manager: _____</p>
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Please list all Billing Telephone Numbers:

512-197-0078-093020-5			