

Call Detail Record Request Form

Please complete this form to obtain **Call Detail Records** (not including private and/or blocked inbound calls) from Optimum Voice, a service of CSC Holdings, LLC. All pages of this form must be completed in its **entirety** by the named **Account Holder** for the specified Optimum Voice account.

NOTE: If you require private and/or blocked inbound calls or the Call Detail Records of a deceased customer, additional information may be required, and we may contact you for more information.

Send completed form & payment to:

Optimum

Attn: Shared Services (CDR)

1111 Stewart Avenue

Bethpage, NY 11714

Account Information

Date: _____

Account Number: _____ Account PIN: _____

Optimum Voice Phone Number(s): _____

if unable to list all Optimum Voice #'s in this space, you may list on additional page

Residential Account

☐ **Residential Account**

Account Holder Name: _____
*Must be the name of the **Account Holder** and not an Authorized User*

Commercial Account

☐ **Commercial Account**

Business Name: _____

Account Holder Name: _____
*Must be the name of the **Account Holder** and not an Authorized User*

Location where you receive Optimum Voice service

Service Address: _____

City: _____ State: _____ Zip: _____

Location where you would like to have the Call Detail Records delivered

NOTE: Someone 18 years or older will need to sign for the package. May take up to 3 weeks to ship.

- ☐ Service address (Location where you receive Optimum Voice service)
- ☐ Billing address (Location where bill statements are sent)
- ☐ Primary Optimum Online email account: _____
- ☐ Alternate Mailing Address* _____

cannot be a PO Box

*** If Call Detail Records are to be sent to an address different from the service/billing address or if your account is no longer active, this form must be notarized. Please use the space below.**

Indicate if you are requesting Inbound and/or Outbound records:

- ☐ Inbound and Outbound
- ☐ Inbound only
- ☐ Outbound only

Note: Inbound call detail records do not include private and/or blocked calls. A Subpoena or Court Order is required to obtain these records.

Specific month(s) and year(s) requested:

Requests can be made for specific day(s), date ranges (*Example: 9/23/20xx to 9/28/20xx*)

By a whole calendar month(s) (*Example: January 20xx-February 20xx*).

Type of Calls Available

- **Current Year to Date** (Contains all Inbound and Outbound calls, including Toll Free and International Calls)
- **2 Prior Calendar Years** (Contains all Inbound and Outbound calls, including Toll Free and International Calls)
- **3 - 6 Prior Calendar Years** (Contains Inbound Toll Free and Outbound International calls ONLY)

Date(s) Requested

Send completed form & payment to:	Payment Amount*	Payment Methods
Optimum Attn: Shared Services (CDR) 1111 Stewart Avenue Bethpage, NY 11714	<input type="checkbox"/> \$25 (1-10 Telephone #'s) <input type="checkbox"/> \$50 (11-20 Telephone #'s) <input type="checkbox"/> \$75 (21-30 Telephone #'s)	Check or Money Order only Made out to: CSC Holdings, LLC Memo line: "Optimum"

****This is the number of telephone lines you have with Optimum not the numbers dialed to or from.***

You may be contacted should we have any questions regarding this form.

Requested calls will be delivered on Compact Disc (CD).

I represent that I am the named **Account Holder** and authorize Optimum to send my Call Detail Records to the address specified.

<hr/> Print Name of Account Holder	<hr/> Signature of Account Holder	<hr/> Date
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