



P.O. Box 386, Denton, MD 21629
Toll-Free: 1-877-892-0001
info@choptankfiber.com
www.choptankfiber.com

ACP Intake Form

Form to be completed by the customer wishing to be enrolled in the Affordable Connectivity Program (ACP).

Part 1: Fill in the following information:

- a. First and last name (as shown on ACP application): _____
- b. Qualifying Dependent name on ACP application (if any): _____
- c. Choptank Fiber account number (if known): _____
- d. Contact phone number: _____
- e. National Verifier (NV) Application ID: _____
- f. Date of birth: _____
- g. Choptank Fiber install date (if known): _____
- h. Have you recently received the ACP benefit from another internet provider? (Y/N): _____
* Note: This is not asking about the *device* program, which is separate from the internet service benefit.

Part 2: Required Disclosures:

By completing this form and signing below, the customer accepts the following ACP program terms. This information is also available on the Discounts page of the Choptank Fiber website. The Affordable Connectivity Program, known as the ACP, is a federal government program that reduces your broadband internet access service bill. Your household may obtain ACP-supported broadband service from any participating provider of your choosing. You are choosing to apply your ACP benefit to Choptank Fiber’s internet service. You can apply the benefit to any broadband package offered. Your internet service may be disconnected after 90 consecutive days of non-payment. You will be subject to Choptank Fiber’s undiscounted rates and general terms and conditions if the ACP program ends, if you transfer your benefit to another provider without contacting us to disconnect your service, or if you are de-enrolled from the ACP for any reason. You will be required to re-enroll in the program every year. You may file a complaint against Choptank Fiber via the FCC’s Consumer Complaint Center. You will begin receiving the \$30 ACP discount as well as a \$15 discount from the state of Maryland, both of which will be applied to your first full month’s bill.

The information I have provided above is correct to the best of my knowledge. I have read and understood the disclosures above.

Signature

Date

Please email the completed form to ACP@choptankfiber.com or hand deliver to the Headquarters (10384 River Road, Denton) or Regional Service Center (6520 Walston Switch Road, Salisbury) office.