



Thank you for choosing Sage Telecom as your Local Service provider.

You have indicated that you qualify for Lifeline service. Attached please find the required paperwork necessary for you to certify how you qualify for this service.

Please fill out the attached form completely and accurately, **under penalty of perjury**, and return to the address listed at the bottom of the form.

Upon receipt of this document, the Wisconsin Department of Revenue will verify your eligibility for Lifeline discounts.

Please return the completed forms to:

Wisconsin Department of Revenue  
Lifeline/LinkUp Program  
P. O. Box 8992  
Madison, WI 53708-8992

**\*\*SELF-CERTIFICATION FORMS MUST BE MAILED TO THE ADDRESS ABOVE.  
DO NOT MAIL THE COMPLETED FORM WITH PAYMENTS OR OTHER  
CORRESPONDENCE.**

# INFORMATION RELEASE AUTHORIZATION

If preprinted information is incorrect or incomplete, please provide correct information  
Use black ink only when completing this form.

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Social Security Number as it appears on your Homestead Credit Claim.

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Last Name as it appears on your Homestead Credit Claim, if different from above.

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First Name as it appears on your Homestead Credit Claim, if different from above.

Where can you be reached weekdays between 8:00 AM and 5:00 PM.

Phone Number (Home)      (  ) -  -

Phone Number (Work)      (  ) -  -

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I authorize the Department of Revenue to provide verification of my eligibility as a Homestead Credit recipient to the telephone company of my choice, or their agents as necessary, while I am a participant in the Lifeline Link-Up program

Signature of Homestead Credit recipient

Date

Telephone Company Use Only

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