



Application for Accessible Video Navigation Equipment for the Blind or Visually Impaired

This application is for Cox Video/TV subscribers requesting accessible video navigation equipment to replace their current video receivers, due to blindness or visual impairment of the account holder or someone in the household. A household is defined, as any individual or group of individuals who live together at the same address and share income and expenses.

Cox Account Number: _____ Daytime Telephone Number (including Area Code) (_____) _____

Billing Name (Account Holder): _____

Billing Street Address: _____

City, State, Zip: _____

Name of Disabled User: _____

Relationship to Cox Account Holder: _____

Preferred Email address: _____

Eco-friendly user guides are available online at Cox.com, but if you prefer a hard copy please select below if you need the braille or large print guide. This guide will be sent to your billing address.

_____ Braille user guide

_____ Large print user guide

I have read and understand the Terms and Conditions as listed within www.cox.com/accessibility concerning Cox Accessible Video Navigation equipment. I have attached a separate letter written on official letterhead stationery from a certified medical provider or appropriate group/agency, and signed by the medical provider or group/agency lead, verifying the nature of the disability preventing the manual use of the video equipment or remotes. Cox reserves the right to change requirements and/or the applicable discounts at any time, and the changes will apply to my account upon notice by Cox.

I acknowledge that I may be required to recertify my continued eligibility for Accessible Video Equipment between 12 and 23 months after initial installation and annually thereafter, at the end of March. Failure to do so will result in de-enrollment of the service and a requirement to pay the full monthly recurring charges for each piece of Accessible Video Navigational Equipment, if discounting was applicable.

I have read and agree to these Terms and Conditions for the Accessible Video Navigation Equipment discount.

Print name: _____

Signature: _____ Date: _____
_____/_____/_____

Form Return Options

Cox Retail / Solutions Store	Fax Information	Return via USPS
Return to any Cox Solutions Store.	877-873-5330 Cover sheet must include: Name Telephone number Product request	Cox Communications Attn: Customer Care Support Specialists 8924 E 35th St. N Wichita, KS 67226

- All Information from this document will be kept confidential -

Cox Communications Use Only

Received by

Received Date

W/O issued by

Issued Date