



**Request to Assume Residential Telephone Number and/or Equipment –
Deceased Customer**

Date: _____

Account Information:

Cox Account Number: _____

Billing Name of Deceased Customer:

Street Address: _____

City, State, Zip: _____

Contact Information for Person Assuming Number or Equipment:

Contact Name: _____

Contact Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Please **enclose a copy of the Deceased Customer's obituary or death certificate** and mail or fax to:

Mail to:

Cox Communications
Attn: Customer Care Support Specialists
901 George Washington Blvd S
Wichita, KS 67211

Fax to:

1-877-873-5330

- All Information from this document will be kept confidential –

Cox Communications Use Only

Received by

Received Date