



Uniti Group Inc.
Attn: Law Enforcement Support Center
1519 S Bowman Rd, Suite G
Little Rock, Arkansas 72211
Telephone: 501-748-9450

Name of Authorized Account Holder: _____

Uniti Telephone Number: _____

Last 4 of SSN: _____

REQUEST AND RELEASE FOR TELEPHONE RECORDS

I, _____ (customer) am a current Uniti customer, and I am requesting the following records regarding my Uniti account: _____ (specific records requested¹). I am requesting these records from _____ (date) to _____ (date). I authorize Uniti to release the records directly to me.

I certify that I am the authorized user and account holder for the above-listed account and, thus, have authority to request the records.

I further certify that the records are not for use in a current civil lawsuit or criminal investigation or action, and thus, I am prevented from obtaining a subpoena from a court of law or intervention from local, state, or federal law enforcement agencies to obtain the requested records.

OR

I further certify, that if the records are for use in a current civil lawsuit or criminal investigation or action, that I and my **representatives, successors, executors, and assigns** hereby agree to **DEFEND, INDEMNIFY AND HOLD HARMLESS AND DEFEND UNITI AND ITS OFFICIALS, OFFICERS, DEPARTMENTS, AGENCIES, COMMITTEES, BOARD MEMBERS, REPRESENTATIVES, EMPLOYEES, AGENTS, CONTRACTORS AND ATTORNEYS (COLLECTIVELY, "INDEMNIFIED PARTIES") AGAINST ANY AND ALL LIABILITY, LOSS, CLAIMS, DEMANDS, ADVERSE ADMINISTRATIVE LAW**

¹ Uniti will release customer outbound and toll-free call records available. Uniti will not release incoming call records, without receipt of a subpoena, from a court of law or intervention from local, state, or federal law enforcement agencies to obtain the requested records.

VIOLATIONS, RULINGS, OR CONSEQUENCES, COSTS, DAMAGES, FINES, FORFEITURES, PENALTIES, EXPENSES (INCLUDING REASONABLE ATTORNEY FEES OF COUNSEL SELECTED BY UNITI AND ALL OTHER COSTS AND EXPENSES OF LITIGATION), of every kind and description, or damage to persons or property, arising out of or in connection with this release of records.

I understand and acknowledge that the requested records will be provided by Uniti in writing and in same manner that they are maintained pursuant to Uniti's ordinary course of doing business. Uniti is not required, and will not, summarize the requested records or provide them to me in a different format.

The requested records should be sent to me at the following address:

I acknowledge that the records will be sent to me via FedEx, regular delivery. I accept all risk, and agree to hold Uniti harmless, if the records sent by Uniti are lost or received by someone other than me. Further, if the address listed above is different from the billing address for my above-referenced Uniti account, I acknowledge that Uniti has the right to refuse to comply with my request for records and Uniti may refuse to provide the records to any address except the address listed for my Uniti account. Further, due to privacy concerns, I acknowledge that the requested records will not be transmitted to me by fax or by e-mail. If my account is delinquent, I acknowledge that Uniti may refuse to comply with this request for records until my account is paid in full.

I acknowledge that Uniti may comply with my request within a reasonable time period, and that Uniti has, at minimum, thirty (30) days from receipt of this Request and Release to comply.

I understand that the requested records are the sole property of Uniti, and I have no ownership rights to the records. I further understand that Uniti cannot provide to me any information regarding ownership of any telephone numbers that may be contained in the requested records or any interpretation of the records and may only provide the records themselves.

Customer and Authorized Account Holder

Date

VERIFICATION

STATE OF _____)

COUNTY OF _____)

On this day before me, the undersigned, a Notary Public, personally appeared _____, who has satisfactorily proven to be the person whose name is subscribed to the foregoing Release, and acknowledged that he/she, being duly authorized to do so, executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal the _____ day of _____, 201_.

NOTARY PUBLIC

My Commission Expires: _____