

OPT-OUT FORM

- Please remove me from mailing lists and other voluntary disclosures of my name and address to third parties for non-cable purposes. I understand that this election does not apply and is subject to the other provisions of the Mediacom privacy policy and applicable law which permit or require disclosure of my name and address to law enforcement agencies or officers; in response to warrants, subpoenas and court orders; or if we reasonably believe that an emergency involving immediate danger of death or serious physical injury to any person requires disclosure of the information without delay.

- Please remove my phone number (CPNI) from any lists to market communications-related products or services that are outside of the category of service to which I already subscribe.

To ensure we are able to process your request, please fill in all information accurately and completely, sign this form and return to Mediacom Communications Corporation at PO Box 1360 Marshalltown, IA 50158. Please DO NOT mail with your bill. You may also call Mediacom at 1-800-747-8021.

If you change your mind and want to include your name and address on lists disclosed to other businesses, please contact Mediacom at 1-800-747-8021. Thank you.

Please Print

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Mediacom Account No.: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____