

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: _____

Physical Address of Principal Office: Street: _____

City: _____ State: _____ Zip: _____

Primary Contact: Name: _____ Title: _____

Phone: _____ Fax: _____

E-Mail: _____

Person Responsible for Answering Consumer Complaints:	Name: _____ Title: _____
	Address (if different from above)
	Street: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, _____, on behalf of _____ do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this _____ day of _____, 20____.

UTILITY: _____

BY: _____

STATE OF _____
COUNTY OF _____

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____