



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date _____

Reporting Month _____

Carrier Information	
Company Name	
Company Address	
Telephone / Fax	
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1.	Total Access Lines in Service..... _____
2.	Surcharge Per Access Line..... <u>\$0.18</u>
3.	Amount of Surcharge Remitted to Kentucky USF..... _____
4.	Number of Access Lines Receiving Lifeline Support..... _____
5.	Amount of Reimbursement Requested from Kentucky USF..... _____

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet
ATTN: KY USF
200 Mero Street
5th Floor, NE 31
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Executive Director
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602