**BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA**

|  |  |
| --- | --- |
| IN THE MATTER OF THE REQUEST BY \*\*\*NAME OF ELIGIBLE LOCAL EXCHANGE TELECOMMUNICATIONS SERVICE PROVIDER\*\*\* FOR THE \*\*\*INSERT BASIS OF REQUEST\*\*\* FOR FUNDING FROM THE OKLAHOMA UNIVERSAL SERVICE FUND | CASE NO. OSF |

**REQUEST FOR OUSF FUNDING AND**

**NOTICE OF REQUEST FOR OUSF FUNDING**

**COMES NOW**, \*\*\*Eligible Local Exchange Telecommunications Service Provider/ILEC\*\*\* ("Provider") and requests reimbursement from the Oklahoma Universal Service Fund (“OUSF”) pursuant to 17 O.S. § 139.106\*\*\* (G)/(K) \*\*\*.

**I. REQUESTING PROVIDER**

|  |  |
| --- | --- |
| **Name of Provider:** | \*\*\*Name\*\*\* |
| **Contact Person’s Name:** | \*\*\*Name\*\*\* |
| **Address:** | \*\*\*Address\*\*\*, \*\*\*City, State and Zip\*\*\* |
| **Telephone Number:** | \*\*\*Telephone No.\*\*\* |
| **Email Address:** | \*\*\*E-mail address\*\*\* |

**II. OUSF FUNDING REQUESTED**

|  |  |  |
| --- | --- | --- |
| **Lump Sum Request:** | | **$\*\*** |
|  | Dates Requested | \*\* through \*\* |
| **Monthly Recurring Request:** | | **$\*\*** |
|  | Beginning on | \*\* |
| **Basis for Request:** | | \*\*\*17 O.S. § 139.106(K)(1)(a) or  17 O.S. § 139.106(K)(1)(b) or  17 O.S. § 139.106(G)\*\*\* |

**III. STATEMENT OF FACTS**

In support of this Request for OUSF Funding and Notice of Request for OUSF Funding (“Request”), Provider states as follows:

1. The Provider is eligible to seek funding from the OUSF for reimbursement sought for Primary Universal Service, pursuant to 17 O.S. § 139.106 and OAC 165:59-3-14
2. The Provider serves less than 75,000 access lines and provides primary universal service to customers within its service area.
3. \*\*\*In your own words, please insert a description of the alternative funding sources (Federal, State, and/or Other) sought and/or received, including the date(s) of such filings and additional details. Please include whether or not rate increases were considered\*\*\*
4. The persons to contact for detailed information regarding this Request and information set forth in the attachments is the below named attorney for the Provider.
5. The documents listed in the minimum filing requirements, as provided in OAC 165:59-3-70, were either provided to, or are available to be reviewed by, the OUSF Administrator concurrently with the filing of this Request.
6. \*\*\*The Provider requests that this Request be subject to an annual variance and risk-based review by the OUSF Administrator, based on the Determination filed in Cause/Case No. OSF 202x-000xxx, pursuant to OAC 165:59-3-70(o). \*\*\*

**IV. JURISDICTION**

The Commission has jurisdiction in this cause pursuant to Article IX, Section 18 of the Oklahoma Constitution, and 17 O.S. §§ 139.101 *et* *seq*.

**V. RELIEF REQUESTED**

**WHEREFORE,** the Provider requests that the Request for OUSF Funding and Notice of Request for OUSF Funding be granted, as set forth herein.

Respectfully submitted,

**\*\*\*PROVIDER\*\*\***

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*ATTORNEY NAME \*\*\*, OBA #**

\*\*\*ADDRESS\*\*\*

\*\*\*PHONE\*\*\*

\*\*\*EMAIL\*\*\***CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on this \*\*\*date\*\*\* day of \*\*\*month, year\*\*\*, a true and correct copy of the foregoing was provided, via email to the following:

|  |  |
| --- | --- |
| **Office of the Oklahoma Attorney General**  Utility.regulation@oag.ok.gov | **OUSF Administrator**  Public Utility Division Director  Oklahoma Corporation Commission  P.O. Box 52000  Oklahoma City, OK 73152-5200  OUSF@occ.ok.gov |
|  |  |

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*CONTACT PERSON’S NAME \*\*\*