NEW YORK STATE PUBLIC SERVICE COMMISSION

TELECOMMUNICATIONS SERVICE PROVIDER CRITICAL INFORMATION FORM
Outage Reporting

Instructions: Please complete this form and send an original and two copies to:

Jaclyn A. Brilling, Secretary
New York State Department of Public Service
3 Empire State Plaza
Albany, NY 12223-1350

If you have any questions regarding the completion of this form, please contact Maria LeBoeuf at (518) 474-1362.

PLEASE PRINT OR TYPE. ALL FIELDS MUST BE FILLED OUT OR THIS FORM WILL BE CONSIDERED INCOMPLETE. INCOMPLETE FORMS WILL NOT BE ACCEPTABLE. IF A FIELD IS NOT APPLICABLE, INDICATE "NA."

Company's Corporate Name _____

_____
(Doing Business As, if not applicable "NA")

_____
(Formerly Known As, if not applicable "NA")

Company's Corporate Address: _____
_____
_____
_____
_____

Company Web site: _____

Company President: _____
Telephone Number: _____
Fax Number: _____
E-mail address: _____
Mailing address: _____
_____
_____

Outage Reporting Contact:

_____

Title: _____
Telephone Number: _____
Fax Number: _____
E-mail address: _____
Mailing address: _____
_____
_____

Form Preparer's Name: _____
Telephone Number: _____
E-mail address: _____