



**CONTACT & TRADE NAME INFORMATION**  
**Applicable to All Telephone Utilities**

A telephone utility must complete this form: 1) When requesting Public Utilities Commission authorization to provide voice service in New Hampshire; 2) Annually, on or before March 31 of each year, and 3) when there have been changes to the information previously reported.

Date \_\_\_\_\_

**General Information**

Legal Name \_\_\_\_\_  
 Federal Employer Identification  
 Number (FEIN) - \_\_\_\_\_  
 Telephone Utility Identification  
 Number if one has been assigned \_\_\_\_\_  
 Trade Name(s) d/b/a  
 in New Hampshire \_\_\_\_\_  
 Complete Mailing  
 Address \_\_\_\_\_  
 Phone Number - - \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Website \_\_\_\_\_

**End User Customer Service**

Toll free 800 Number - - \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Hours of Operation \_\_\_\_\_

**End User Repair Service**

Toll free 800 Number - - \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Hours of Operation \_\_\_\_\_



**Names and Titles of Principal Officers**

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Regulatory Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Person that Commission's Consumer Affairs Department Shall Call Regarding Customer Complaints**

Name \_\_\_\_\_

Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Director of Customer Service Department**

Name \_\_\_\_\_

Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-Mail Address \_\_\_\_\_



**Company Officer Responsible for Customer Service**

Name \_\_\_\_\_

Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Person Responsible for Paying Assessment Bills**

Name \_\_\_\_\_

Title \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Check here if you would prefer to receive notices by e-mail rather than postal mail:**

**Signature**

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431.  
Please mail any documents to the above address.