

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

In the Matter of the Application)
of _____)
(Applicant Name))
_____,)
(City and State of Residence))
seeking authority to receive)
advanced telecommunications)
capability service from the)
_____ Exchange)
of _____)
(Telephone Company Name))

Application No.

(PSC use only)

COMES NOW _____ for application herein and
(Applicant Name)

represents to the Nebraska Public Service Commission as follows:

1. Applicant is a(n) **individual** / **business**. (Circle one)
2. The address of the location where Applicant seeks advanced telecommunications service is as follows:

3. The Applicant's current mailing address is as follows:

(Leave blank if same as above)

7. Applicant states the revision of the exchange service area or areas required to grant this application is economically sound and will not impair the capability of the telephone company or companies affected to serve the remaining subscribers in any affected exchanges. Applicant further states that the revision of the exchange service area will not impose an undue and unreasonable technological or engineering burden on any affected telecommunications company.

8. **The Applicant has read and understands the following:** Applicant understands that if the application is approved by the Commission, the Applicant may be asked to pay such construction and other costs and rates as are fair and equitable. The Applicant understands that he or she may also be asked to reimburse the affected telecommunications company for any necessary loss of investment in existing property as determined by the Commission.

REQUIRED - Initial here: _____

9. Applicant can be contacted at the following:

Phone number: _____

Email address: _____

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*

WHEREFORE, Applicant prays that after due notice and, if required by law, hearing, the Commission grant his or her application and modify the applicable exchange service areas as requested.

Respectfully submitted,

(Applicant Signature)

(Printed Name)

(Applicant Title, if signing on behalf of a business entity)

NOTE: The Application Fee (\$50 for individuals, \$250 for certificated carriers) must be submitted to the Commission before the application can be processed.

Completed applications, with payment, can be submitted to the Commission at the following address:

Nebraska Public Service Commission
Attn: Communications Department
300 The Atrium
1200 N Street
Lincoln, NE 68508

Questions regarding this application form should be directed to the Public Service Commission Communications Department at (402) 471-3101.

STATE OF NEBRASKA)
)
COUNTY OF _____)

_____, being first duly sworn, deposes and states that he or she is the Applicant herein, or the legal representative thereof, and has read the above and foregoing application, knows the contents thereof and states that the matters and facts therein contained are true, as he or she verily believes.

(Applicant Signature)

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public)