**Nebraska Public Service Commission**

**Request for Set Aside Usage**

**PSAP Information**

|  |  |
| --- | --- |
| PSAP Name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Contact Name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Address  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| City  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Telephone Number  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Email Address  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Current Wireless Ratio** \_\_\_\_\_\_\_\_\_\_\_ **Current Set Aside Balance** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe project:**

**Please provide the following information:**

|  |  |  |
| --- | --- | --- |
| **Vendor/Provider Name**  | **Non-Recurring Costs**  | **Monthly Costs**  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| **Total**  |   |   |

Attach to Application:

\_\_\_\_\_ Copy of bid(s) or invoice(s) received from vendor(s) for project.

\_\_\_\_\_ Copy of all supporting documentation regarding costs paid

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

Signature Date

Submit Applications and Direct Questions to:

Tina Bartlett State 911 Administrative Coordinator

Nebraska Public Service Commission

(402)471-0208 tina.bartlett@nebraska.gov

psc.psap@nebraska.gov