



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Rhode Island Division of
 Public Utilities and Carriers
 89 Jefferson Blvd.
 Warwick RI 02888
 (401) 941-4500

ACCESS LANDLINE RECONCILIATION FORM
Due Date: July 1

Telecommunications Provider:
 Address:

Phone Number:
 Person Completing This Form:

Please complete the following chart with the information that you have previously filed. **Please attach a copy of each of the filings.** Please complete page 2 if you resell your lines to another provider or if you lease your lines from another provider. Please remit to the Auditing Section.

Calendar Year: _____

Month	RI Relay Surcharge			RI Education Access Fund				RI E911 Surcharge	
	Access Lines/PBX Trunks	Centrex Equivalent Lines		Access Lines/PBX Trunks	Centrex Equivalent Lines	Exempt Lines		Access Lines/PBX Trunks	Centrex Equivalent Lines
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									



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1. Are you a reseller of access lines? _____ (If No, skip to # 3)

2. Please list the telecommunication provider(s) that you have leased access lines to in this calendar year.
(You may attach a separate list if needed)

Name	City	State	Contact Name	Phone Number	Number of Leased Lines	Time Period of Lease

3. Do you lease your access lines from another provider? _____

4. Please list the telecommunication provider(s) that you have leased access lines from in this calendar year.
(You may attach a separate list if needed)

Name	City	State	Contact Name	Phone Number	Number of Leased Lines	Time Period of Lease