

**The Public Utilities Commission of Ohio**  
**TELECOMMUNICATIONS APPLICATION FORM for**  
**DETARIFFING AND RELATED ACTIONS**

Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD  
(Effective: 01/20/2011 through 05/20/2011)

In the Matter of the Application of \_\_\_\_\_ )  
to Detariff Services and make other changes related to the )  
Implementation of Case No. 10-1010-TP-ORD )

TRF Docket No. 90- \_\_\_\_\_  
Case No. \_\_\_\_\_ - \_\_\_\_\_ - **TP - ATA**  
NOTE: Unless you have reserved a Case No. leave the "Case No." fields BLANK.

Name of Registrant(s) \_\_\_\_\_  
DBA(s) of Registrant(s) \_\_\_\_\_  
Address of Registrant(s) \_\_\_\_\_  
Company Web Address \_\_\_\_\_  
Regulatory Contact Person(s) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Regulatory Contact Person's Email Address \_\_\_\_\_  
Contact Person for Annual Report \_\_\_\_\_ Phone \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Consumer Contact Information \_\_\_\_\_ Phone \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

**Part I – Tariffs**

**Please indicate the Carrier Type and the reason for submitting this form by checking the boxes below.**

*NOTE: All cases are ATA process cases, tariffs are effective the day they are filed, and remain in effect unless the Commission acts to suspend.*

<u>Carrier Type</u>	ILEC	CLEC	CTS
Tariff for Basic Local Exchange Service (BLES) and/or other services required to be tarified pursuant to 4901:1-6-11(A); detariffing of all other services			
Other changes required by Chapter 4901:1-6 (Describe in detail in Exhibit C)			

**Part II – Exhibits**

**Note that the following exhibits are required for all filings using this form.**

Included	Identified As:	Description of Required Exhibit:
	Exhibit A	The existing affected tariff pages.
	Exhibit B	The proposed revised tariff pages.
	Exhibit C	Narrative summarizing all changes proposed in the application, and/or other information intended to assist Staff in the review of the Application.
	Exhibit D	One-time customer notice of detariffing and related changes consistent with rule 4901:1-06-07
	Exhibit E	Affidavit that the Customer Notice described in Exhibit C has been sent to Customers.

**Part III. – Attestation**

**Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.**

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**AFFIDAVIT**

***Compliance with Commission Rules***

I am an officer/agent of the applicant corporation, \_\_\_\_\_, and am authorized to make this statement on its behalf.

I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission’s rules, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) \_\_\_\_\_ at (Location) \_\_\_\_\_

\*(Signature and Title) \_\_\_\_\_ (Date) \_\_\_\_\_

*\*This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

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**VERIFICATION**

I, \_\_\_\_\_, verify that I have utilized the Telecommunications Application Form for Detariffing and Related Actions provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

\*(Signature and Title) \_\_\_\_\_ (Date) \_\_\_\_\_

*\*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

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**Make such filing electronically as directed in Case No 06-900-AU-WVR**

***Or***

***Send your completed Application Form, including all required attachments as well as the required number of copies, to:***

**Public Utilities Commission of Ohio  
Attention: Docketing Division  
180 East Broad Street, Columbus, OH 43215-3793**

CUSTOMER NOTICE AFFIDAVIT

AFFIDAVIT

I, \_\_\_\_\_, am an authorized agent of the applicant corporation,  
\_\_\_\_\_, and am authorized to make this statement on its  
behalf. I attest that the customer notice(s) accompanying this affidavit were sent to affected  
customers through \_\_\_\_\_ on \_\_\_\_\_, in accordance with Rule  
4901:1-6-07, Ohio Administrative Code. I declare under penalty of perjury that the foregoing is  
true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_