**Application for Refund of Oregon Universal Service Surcharge**

**Person Completing Application:**

|  |
| --- |
|  1. Name:       |
|  2. Address:       |
|  3. Telephone #:       E-Mail:       |

**Pay Telephone Provider:\***

|  |
| --- |
|  4. Name:       |
|  5. Address:       |
|  6. Telephone #:       E-Mail:       |

**Contact Person Regarding Application:**

|  |
| --- |
|  7. Name:       |
|  8. Address:       |
|  9. Telephone #:       E-Mail:       |
| **Check quarter and enter year for which application is made:**10. **Year:**  **\_\_\_\_\_\_\_\_\_ **July 1 – Sept. 30 ****Oct. 1 – Dec. 31 ****Jan. 1 – March 31 ****April 1 – June 30  |

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| 11. Requested Refund of Oregon Universal Service Surcharge Payments: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Number of Pay Telephones Located in Oregon at the End of Each Month of the Refund Period:**12. July\_\_\_\_\_\_\_\_ Aug.\_\_\_\_\_\_\_\_ Sept.\_\_\_\_\_\_\_\_ Oct.\_\_\_\_\_\_\_\_ Nov.\_\_\_\_\_\_\_\_ Dec.\_\_\_\_\_\_\_13. Jan.\_\_\_\_\_\_\_\_ Feb.\_\_\_\_\_\_\_\_ March\_\_\_\_\_\_\_\_ April\_\_\_\_\_\_\_\_ May\_\_\_\_\_\_\_\_ June\_\_\_\_\_\_\_\_ |

**\* Refund will be issued to the pay telephone provider identified above.**

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| I certify that: (1) I am the responsible party of the above-named pay telephone provider; (2) I have examined this application; (3) to the best of my knowledge, information, and belief, all statements in this application are true; and (4) said application is an accurate statement of the affairs of the above-named provider; (5) the above-named pay telephone provider was charged and duly paid the amount it now requests the Commission refund; (6) the above-named pay telephone provider agrees to fully cooperate in the event of a Commission audit.  |
| 14. Signature of Responsible Party: |  | 17. Date of Signature: |       |
| 15. Printed Name of Responsible Party: |       |
| 16. Position Held with Provider: |       |

**PUC USE ONLY:**

Approved for refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TC 220 PCA/Index 61000 aobj 0185 Batch # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Released: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PUC OUS Refund Form 9/2020

**AFFIDAVIT TO ACCOMPANY APPLICATION FOR**

**REFUND OF OREGON UNIVERSAL SERVICE CHARGE**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_ )

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn on oath, depose and say as follows:

 1. That the application was prepared by authorized representatives of the pay telephone provider,

 or persons acting under their control, in the ordinary course of business.

 2. All information listed on the application is true and accurately reflects the records of

 the pay telephone provider.

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

 NAME

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

 TITLE

SUBSCRIBED AND SWORN to me before this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

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

Notary Public for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state)

 My Commission Expires;