

**ALABAMA PUBLIC SERVICE COMMISSION**

**COMPANY CONTACT INFORMATION FORM**

**Telecommunications Division**

**Entity Name:** \_\_\_\_\_

**d/b/a** (if applicable): \_\_\_\_\_

**Physical or Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Docket Number (s):** \_\_\_\_\_ **Authority:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Primary Contact** (Default)

Contact Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Regulatory Contact**

Contact Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complaints Contact**

Contact Name: \_\_\_\_\_  
Official Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Financial Contact**

Contact Name: \_\_\_\_\_  
Official Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Legal Contact**

Contact Name: \_\_\_\_\_  
Official Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**President/CEO Contact**

Contact Name: \_\_\_\_\_  
Official Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Contact**

Contact Type: (Please Circle) Legal, Regulatory, Complaints, Financial, President/CEO, Consultant, Office/Manager

Contact Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*One** primary contact type is required for each company. Please try to obtain at least one Regulatory (Tariff), Financial, and Compliant contact. You may submit other contact types if available. This form should be filed directly via electronic or regular mail (emails are not considered official) with the Secretary of the Commission.