

**DUAL PARTY FUND
STATEMENT OF REVENUES**

NAME OF COMPANY: _____

CONTACT: _____ TELEPHONE: _____

ADDRESS: _____

_____ BILLING COLLECTED IN _____ REMITTED ON _____
MONTH/QUARTER

_____ ACCESS LINES x .15 (RATE) _____
NUMBER AMOUNT

LESS EXPENSE (ITEMIZED COPY ATTACHED) _____
AMOUNT

CHECK MAILED TO THE ALABAMA PUBLIC SERVICE COMMISSION
IN THE AMOUNT OF _____

CHECK # _____

CHECK DATE: _____

**All checks and the accompanying
Statement of Revenues forms must be mailed to:**

**Alabama Public Service Commission
ATTENTION: FINANCE SECTION
P O Box 304260
Montgomery, AL 36130-4260
ACCOUNT # 2100030000282**