

FACILITY DISRUPTION REPORT
Applicable to All Telephone Utilities

1. General Information

Legal Name _____
Federal Employer Identification
Number (FEIN) _____
Telephone Utility Identification
Number if one has been assigned _____
Trade Name(s) d/b/a
in New Hampshire _____

Complete Mailing
Address _____

Phone Number _____

E-mail Address _____

Website _____

2. Report Statistics

Date of Report _____ Location of outage _____
Date and Time of
Outage _____ Date and Time Restored _____
Was an entire exchange affected? Yes No Number of affected access lines _____
State cause of outage _____

Name of commission person contacted
(enter "TelOutages" for e-mail notification) _____
Date Department contacted _____ Time Department contacted _____

3. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
Signature _____ Title _____
Printed Name _____ Date _____

If you have any questions, please call the New Hampshire Department of Energy at 603-271-3670. Please mail any documents to the above address.