



California Public Utilities Commission Communications Utility Contact Update Form (revised 11/22/19)

Pursuant to the Commission Decision or letter granting the utility's operating authority, the utility must provide the Commission information for its designated contact persons for: primary regulatory/official contact person and contact person for purposes of resolving consumer complaints. **The information on this form must be updated and submitted to the Commission within 30 days of any change. If there were no changes within the past year, resubmit this form annually by June 1 of each calendar year.** Please return the completed form by e-mail to CDCompliance@cpuc.ca.gov. The Commission shall use this information for its official mailings and contacts. All fields are required to be completed.

Utility Information											
Utility Number:	U- _____ -C _____		Date of Request:								
Legal Name:					DBA:						
Primary Regulatory/Official Contact Information (only one person may be designated)											
Name: <small>(First and Last)</small>					Title:						
Mailing Address: <small>(Street address, City, State and Zip Code; PO Boxes not accepted)</small>											
Email Address:					Telephone Number:						
Website Address:					Customer Service Telephone Number:						
Complaint Contact Information [FOR CPUC CONSUMER AFFAIRS BRANCH] (only one person may be designated)											
SAME AS ABOVE											
Name: <small>(First and Last)</small>					Title:						
Mailing Address: <small>(Street address, City, State and Zip Code; PO Boxes not accepted)</small>											
Email Address:					Telephone Number:						
<p>I, the undersigned, hereby certify that I am an authorized representative of the above utility, and to the best of my knowledge and belief, the above information is true, accurate and correct.</p>											
Authorized by:					Title:						
Email Address:					Telephone Number:						
CPUC INTERNAL USE ONLY	Analyst ID: <small>(3-letter ID)</small>			Date of Request:			Admin ID: <small>(3-letter ID)</small>			Date of UCS Entry:	
	New Carrier					Existing Carrier					
	Utility Type:	LEC	CLC	CLR	IEC	IER	CEC	CER	DVS	RTU	PCC
	CPCN/NDIEC Authority Decision # _____					; Authority Date: _____					
	WIR/VOIP Authority Date: _____										
	Withdrawal AL #:						; Date AL Effective: _____				
	Revocation Resolution #:						; Date Resolution Effective: _____				
	Comments:										