State of California

CA Public Utilities Commission

Refund Request Form

PUC-ACC-001 (NEW. 03/2020)



Telecommunications Surcharge and User Fees Refund Request Form	
Please complete this form and email to : Userfees@cpuc.ca.gov AND TelcoSurcharge@cpuc.ca.gov	
Utility Identification Number: U C	
Utility Information	
Utility Legal Name:	
Utility DBA:	
Contact Person Name/Department:	
Email Address:	
Mailing Address:	
Telephone:	
Billing Address :	
Please Note: We may contact you to gather	further details about your refund request.
Payment Information	
Payment Date:	Reported Date: Billing Period:
Refund Requested Amount:	Confirmation Number (First Data):
Refund Type	
Surcharge:	
All programs CASF CHCF-A	CHCF-B CTF DDTP ULTS
All prepaid programs Prepaid CASF	Prepaid CHCF-A Prepaid CHCF-B Prepaid CTF
Prepaid DDTP Prepaid ULTS	
* All MTS programs MTS-CASF MTS-CHCF-A MTS-CHCF-B MTS-CTF MTS-DDTP MTS-ULTS	
User Fee:	
User Fee Prepaid User Fee	*MTS-User Fee
*MTS only applies to the calendar years 2016 to 2018	
Please provide a detailed explanation for requesting a refund:	
I, , hereby certify	that I am an authorized representative of the above carrier, and to the best of my
knowledge and belief that the above information is true, accurate, and correct.	
CPUC Internal Use Only	
Authorized by:	
Date :	Phone:
Credit approval date:	Refund approval date:
Title:	Email Address:
Comment:	