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:	