

**CARRIERS NOT PROVIDING LOCAL
TELEPHONE SERVICE MAY CHECK THE
BOX & FAX TO FULFILL REQUIREMENT**

CERTIFIED MAIL #

Company Code:

Company Name:

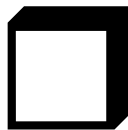
Contact name & title: _____

Telephone number: _____

E-mail address: _____

RE: 2019 Local Competition Data Request

If you are NOT providing local telephone service, you may check the box below and fax this page to (850) 413-6392 by April 15, 2019. Alternatively, you may e-mail it to compreport@psc.state.fl.us. Since the attached CLEC questionnaire contains general questions, such as barriers to entry, you may wish to respond to any applicable questions. Carriers providing local telephone service are required by statute to respond to the attached questionnaire.



Report Website: <http://www.floridapsc.com/Telecommunication>

Report E-mail: compreport@psc.state.fl.us