



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Rhode Island Division of  
Public Utilities and Carriers  
89 Jefferson Blvd.  
Warwick RI 02888  
(401) 941-4500

ACCESS LANDLINE RECONCILIATION FORM  
Due Date: July 1

Telecommunications Provider:  
Address:

\_\_\_\_\_

Phone Number:  
Person Completing This Form:

\_\_\_\_\_

Please complete the following chart with the information that you have previously filed. **Please attach a copy of each of the filings.** Please complete page 2 if you resell your lines to another provider or if you lease your lines from another provider. Please remit to the Auditing Section.

Calendar Year: \_\_\_\_\_

|           | RI Relay<br>Surcharge         |                                |  | RI Education<br>Access Fund   |                                |                 |  | RI E911<br>Surcharge          |                                |
|-----------|-------------------------------|--------------------------------|--|-------------------------------|--------------------------------|-----------------|--|-------------------------------|--------------------------------|
| Month     | Access<br>Lines/PBX<br>Trunks | Centrex<br>Equivalent<br>Lines |  | Access<br>Lines/PBX<br>Trunks | Centrex<br>Equivalent<br>Lines | Exempt<br>Lines |  | Access<br>Lines/PBX<br>Trunks | Centrex<br>Equivalent<br>Lines |
| January   |                               |                                |  |                               |                                |                 |  |                               |                                |
| February  |                               |                                |  |                               |                                |                 |  |                               |                                |
| March     |                               |                                |  |                               |                                |                 |  |                               |                                |
| April     |                               |                                |  |                               |                                |                 |  |                               |                                |
| May       |                               |                                |  |                               |                                |                 |  |                               |                                |
| June      |                               |                                |  |                               |                                |                 |  |                               |                                |
| July      |                               |                                |  |                               |                                |                 |  |                               |                                |
| August    |                               |                                |  |                               |                                |                 |  |                               |                                |
| September |                               |                                |  |                               |                                |                 |  |                               |                                |
| October   |                               |                                |  |                               |                                |                 |  |                               |                                |
| November  |                               |                                |  |                               |                                |                 |  |                               |                                |
| December  |                               |                                |  |                               |                                |                 |  |                               |                                |



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**ACCESS LANDLINE RECONCILIATION FORM**

1. Are you a reseller of access lines? \_\_\_\_\_ (If No, skip to # 3)

2. Please list the telecommunication provider(s) that you have leased access lines to in this calendar year.  
(You may attach a separate list if needed)

| Name | City | State | Contact Name | Phone Number | Number<br>of Leased<br>Lines | Time<br>Period<br>of Lease |
|------|------|-------|--------------|--------------|------------------------------|----------------------------|
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |

3. Do you lease your access lines from another provider? \_\_\_\_\_

4. Please list the telecommunication provider(s) that you have leased access lines from in this calendar year.  
(You may attach a separate list if needed)

| Name | City | State | Contact Name | Phone Number | Number<br>of Leased<br>Lines | Time<br>Period<br>of Lease |
|------|------|-------|--------------|--------------|------------------------------|----------------------------|
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |
|      |      |       |              |              |                              |                            |