



STATE OF DELAWARE
THE PUBLIC SERVICE COMMISSION
 CANNON BUILDING
 861 SILVER LAKE BLVD., SUITE 100
 DOVER, DELAWARE 19904

TELEPHONE: (302) 736-7529
 TELECOPIER: (302) 739-4849

FILING COVER SHEET

1. NAME OF APPLICANT: _____

2. TYPE OF FILING:
- | | | |
|----------------------|--------------------------|-------|
| RATE CHANGE | <input type="checkbox"/> | |
| FUEL ADJUSTMENT | <input type="checkbox"/> | |
| ADMINISTRATIVE | <input type="checkbox"/> | |
| CPCN | <input type="checkbox"/> | |
| NEW SERVICE OFFERING | <input type="checkbox"/> | |
| OTHER - DESCRIBE | | _____ |

IF A TELECOMMUNICATIONS FILING, WHAT TYPE OF SERVICE IS IMPACTED?

BASIC _____ COMPETITIVE _____ DISCRETIONARY _____

3. PROPOSED EFFECTIVE DATE: _____

IS EXPEDITED TREATMENT REQUESTED? YES NO

4. SHORT SUMMARY OF FILING: _____

5. DOES THIS FILING RELATE TO OTHER DOCKETS: YES NO

IF YES, LIST DOCKET(S) NO(S): _____

6. IS PUBLIC NOTICE REQUIRED? YES NO

IF YES, PLEASE ATTACH COPY OF PROPOSED PUBLIC NOTICE.

7. APPLICANT'S CONTACT PERSON: NAME: _____

TITLE: _____

PHONE: _____

FAX: _____

EMAIL _____

WEBSITE (IF APPLICABLE) _____

8. DID YOU PROVIDE A COMPLETE COPY OF THE FILING TO THE PUBLIC ADVOCATE?
 YES NO IF YES, WHEN? _____

9. FILING FEE ENCLOSED: AMOUNT: \$_____

NOTE: House Bill 681, enacted into law 7/13/98, authorizes the Commission to recover the cost of time spent by in-house staff to process all filings initiated after the date of enactment. You may be required to reimburse the Commission for staff time.