

A2. GENERAL REGULATIONS

2.2 FORMS

2.2.1 GENERAL

The Forms listed herein have been filed and approved by the California Public Utilities Commission.

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(To be inserted by utility)

Advice Letter No. 365

Decision No. 07-01-024

Issued by

Harry H. Baker

NAME

President

TITLE

(To be inserted by Cal. P.U.C.)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms

1. Application for Service

STANDARD FORM OF APPLICATION FOR SERVICE

APPLICATION FOR SERVICE

NAME: _____ SPOUSE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBERS: _____

EMPLOYER: _____ OCCUPATION _____

ADDRESS: _____ PHONE _____

HOW LONG? _____

PREVIOUS EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ PHONE _____

SPOUSE'S EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ PHONE _____

HOW LONG? _____

PREVIOUS EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ PHONE _____

PREVIOUS PHONE # _____ PREVIOUS ADDRESS _____

HAS THIS NUMBER BEEN DISCONNECTED? _____ WHEN? _____

LOCAL RELATIVE OR FRIEND _____ ADDRESS _____

PHONE _____

BANK REFERENCE _____ ACCOUNT # _____

ADDRESS _____ TYPE OF ACCOUNT _____

	NAME OF COMPANY	ADDRESS	OPEN	CLOSED
CREDIT REFERENCE:				

SIGNATURE _____

(Continued)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

2. Monthly Bill and Toll Statement

Front



Back

<p style="text-align: center;">MONTHLY BILL FOR SERVICE</p> <p><small>You are responsible for payment of authorized charges on your bill. Your payment is DUE when you receive your bill and becomes DELINQUENT FIFTEEN (15) CALENDAR DAYS THEREAFTER. Failure to pay charges for basic flat rate single line service charges, as defined in California Public Utilities Commission Decision 96-10-066, Appendix B, page 3, including all mandated surcharges and taxes (i.e. the charges designated with a "*" on your bill) may result in a disconnection of telephone service. Other services, such as the ability to make toll calls, may be restricted if not paid. Optional services may be discontinued. Other action to collect unpaid amounts may also be taken. If your service is disconnected for nonpayment, you must pay the delinquent amount and a charge to reconnect your service. You may also be required to pay a deposit.</small></p> <p style="text-align: center;">RULE REGARDING DISPUTED BILLS</p> <p><small>Should you question this bill, please request an explanation from the utility by calling the telephone number on the front of your bill. If you thereafter believe you have been billed incorrectly, send the bill and a statement supporting your belief that the bill is not correct to the:</small></p> <p style="text-align: center;"><small>CALIFORNIA PUBLIC UTILITIES COMMISSION CONSUMER AFFAIRS BRANCH 505 VAN NESS AVENUE, ROOM 2003 SAN FRANCISCO, CALIFORNIA 94102-3298</small></p> <p><small>To avoid having your service turned off if the bill has not been paid, enclose a deposit for the amount of the bill made payable to the California Public Utilities Commission (CPUC). The Commission will review the basis of the billed amount, communicate the results of the review to the parties and make disbursement of the deposit.</small></p> <p><small>The Commission will not, however, accept deposits when the dispute appears to be over matters that do not directly relate to the accuracy of the bill. Such matters include the quality of service, general level of rates, pending rate applications, directory advertisements and nonregulated products and services.</small></p> <p><small>If you have a problem that you feel has not been properly resolved by the utility, you may write the Commission at the above address or call one of the following numbers:</small></p> <p><small>1 415-703-1170 (DIRECT DIAL) 1 800-698-7570 (TOLL FREE CALL) 1 415-703-2032 (TDD FOR THE SPEECH AND HEARING IMPAIRED)</small></p>	<p style="text-align: center;">MY NEW BILLING ADDRESS</p> <p>ADDRESS: _____ _____ _____ _____</p> <p>TELEPHONE: _____</p> <p>SIGNATURE: _____</p> <p>***DID YOU CHECK THE BOX ON THE FRONT OF YOUR BILL?***</p>
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Description: Double sided 8.5" by 4.0" height form.

(Continued)

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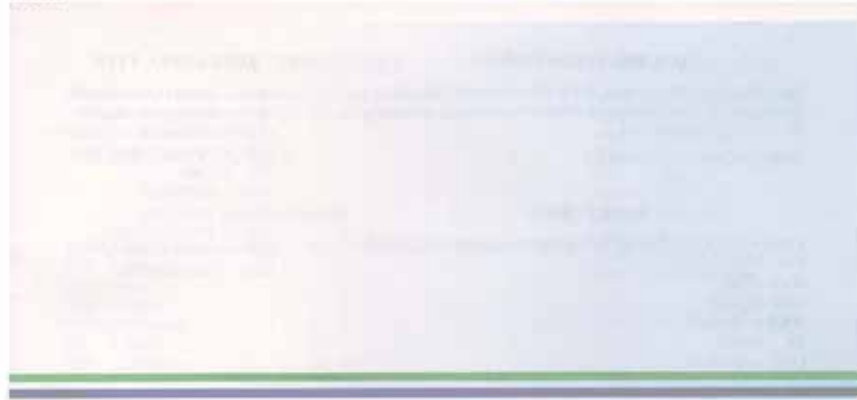
2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

2. Monthly Bill and Toll Statement - Continued

Front



Back

TOLL RELATED SYMBOLS	TOLL - CALL TYPE
<p>The following symbols denote that a toll call has qualified for a calling plan(s). A summarization of the calling plan will appear at the end of that section of toll.</p> <p>%, @, *, &, +, =, I, A, C, #, D, I, S</p> <p style="text-align: center;">RATE PERIOD</p> <p>RPSB = Rate Period Specific Billing (Call Overlaps Two Rate Periods) EVE = Evening DAY = Day NGT = Night WKN = Weekend PK = Peak OPK = Off Peak</p>	<p>DDD = Direct Distance Dialed OPR = Operator Handled COL = Collect Call OCP = Optional Calling Plan CN = Coin CCD = Credit Card 3RD = Third Party PER = Person To Person PCB = Person Call Back GLD = Gold Line Plan</p>

Description: Double sided 8.5" by 4.0" height form.

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2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

3. Reserved

(Continued)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

4. Customer Certification of Eligibility for Federal Enhanced Lifeline and Expanded Link-Up Benefits

CUSTOMER CERTIFICATION OF ELIGIBILITY FOR FEDERAL ENHANCED LIFELINE AND EXPANDED LINK UP BENEFITS	
Federal Enhanced Lifeline and Expanded Link Up Benefits qualifications:	
Federal Enhanced Lifeline and Expanded Link Up program benefits and qualification standards apply to all RESIDENCE subscribers residing on Indian "tribal lands," as the same are from time to time defined by the United States Department of the Interior, Bureau of Indian Affairs, including "reservation" areas.	
In addition to the qualification standards set out on the reverse for Lifeline and Link Up program participants, residents of tribal lands may qualify for these programs if they participate in any one of the following federal assistance programs:	
Bureau of Indian Affairs general assistance;	
Tribally administered Temporary Assistance for Needy Families;	
Head Start (only those meeting its income qualifying standard); or	
National School Lunch Program's free lunch program.	
Those who qualify under the provisions of this paragraph must provide written certification of such qualification under penalty of perjury and must further agree to notify the Company if they cease to participate in the program(s).	
If you wish further information regarding this service, please call our business office at 559-683-4611 or 209 966-3636. If you qualify, please complete and sign Section 1 and return it with your bill payment.	
Section 1.	
I hereby certify under penalty of perjury, that I live on a reservation as defined by the United States Code of Federal Regulations (CFR) 25 CFR §20.1, receive benefits from the program or programs checked below, and apply for Enhanced Federal Lifeline and Expanded Link Up program benefits. Further, I agree to notify Sierra Telephone if I cease to participate in the program or programs checked below.	
<input type="checkbox"/> Bureau of Indian Affairs general assistance	
<input type="checkbox"/> Tribally administered Temporary Assistance for Needy Families	
<input type="checkbox"/> Head Start (by meeting its income qualifying standard)	
<input type="checkbox"/> National School Lunch Program's free lunch program	
_____ Signature	_____ Date
_____ Address	_____ Telephone Number
SVCORD # _____ SVC REP _____	
Section 2.	
I hereby certify that I live on a reservation as defined by the United States Code of Federal Regulations (CFR) 25 CFR §20.1 and apply for Enhanced Federal Lifeline and Expanded Link Up program benefits.	
_____ Signature	_____ Date
_____ Address	_____ Telephone Number
SVCORD # _____ SVC REP _____	

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

4. a. Customer Re-Certification of Eligibility for Federal Enhanced Lifeline and Expanded Link-Up Benefits.

CUSTOMER RE-CERTIFICATION OF ELIGIBILITY FOR FEDERAL ENHANCED LIFELINE AND EXPANDED LINK UP BENEFITS	
Federal Enhanced Lifeline and Expanded Link Up Benefits qualifications:	
Federal Enhanced Lifeline and Expanded Link Up program benefits and qualification standards apply to all RESIDENCE subscribers residing on Indian "tribal lands," as the same are from time to time defined by the United States Department of the Interior, Bureau of Indian Affairs, including "reservation" areas.	
In addition to the qualification standards set out on the reverse for Lifeline and Link Up program participants, residents of tribal lands may qualify for these programs if they participate in any one of the following federal assistance programs:	
<ul style="list-style-type: none"> Bureau of Indian Affairs general assistance; Tribally administered Temporary Assistance for Needy Families; Head Start (only those meeting its income qualifying standard); or National School Lunch Program's free lunch program. 	
Those who qualify under the provisions of this paragraph must provide written certification of such qualification under penalty of perjury and must further agree to notify the Company if they cease to participate in the program(s).	
If you wish further information regarding this service, please call our business office at 559-683-4611 or 209 966-3636. If you qualify, please complete and sign Section 1 and return it with your bill payment.	
Section 1.	
I hereby certify under penalty of perjury, that I live on a reservation as defined by the United States Code of Federal Regulations (CFR) 25 CFR §20.1, receive benefits from the program or programs checked below, and apply for Enhanced Federal Lifeline and Expanded Link Up program benefits. Further, I agree to notify Sierra Telephone if I cease to participate in the program or programs checked below.	
<input type="checkbox"/> Bureau of Indian Affairs general assistance <input type="checkbox"/> Tribally administered Temporary Assistance for Needy Families <input type="checkbox"/> Head Start (by meeting its income qualifying standard) <input type="checkbox"/> National School Lunch Program's free lunch program	
_____ Signature	_____ Date
_____ Address	_____ Telephone Number
SVCORD # _____ SVC REP _____	
Section 2.	
I hereby certify that I live on a reservation as defined by the United States Code of Federal Regulations (CFR) 25 CFR §20.1 and apply for Enhanced Federal Lifeline and Expanded Link Up program benefits.	
_____ Signature	_____ Date
_____ Address	_____ Telephone Number
SVCORD # _____ SVC REP _____	

(Continued)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

5. Reserved

(Continued)

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2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

6. Reserved

(Continued)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

7. Noncompliance with Schedule Cal. P.U.C. A2, Rule 11, Discontinuance and Restoration of Service, Prior Customer(s) disconnected for Nonpayment

 **SIERRA TELEPHONE**

Date _____

HARRY H. BAKER, JR., PRESIDENT ESTABLISHED 1908

Customer's Name _____
Address _____

TELEPHONE NUMBER _____

Dear _____:

We know how important your telephone service is to you and want to do everything we can to continue your service. However, you may not be in compliance with our tariff filed with the California Public Utilities Commission, which states:

"The Utility may not discontinue or deny service at a premises where services provided to a prior customer were disconnected for nonpayment, except where it is found that the delinquent customer still resides at that same premises."

There is an outstanding bill of \$ _____, for services rendered to a prior customer at your premises. We have reason to believe that this customer still resides at your address. We must hear from you or receive full payment within five (5) days from the date of this notice, or service will be disconnected. If disconnected, a restoral charge of \$ _____, and a deposit of \$ _____, will be required in addition to the outstanding bill to reconnect your service.

If after contacting us, an agreement cannot be reached regarding the outstanding bill, the disputed amount can be sent to the California Public Utilities Commission. Include with your payment a statement supporting your belief. The Commission will investigate this matter and advise us of its findings. The address is 505 Van Ness Avenue, San Francisco, California 94102-3298, Attention: Consumer Affairs Branch.

Thank you for your cooperation.

Sincerely yours,

Business Office Supervisor

POST OFFICE BOX 219 • OAKHURST, CALIFORNIA 93644 • TELEPHONE 209/683-4811

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

8. Statement of Nonoccupancy by Former Business Customer

STATEMENT OF NONOCCUPANCY
BY FORMER BUSINESS CUSTOMER

DATE _____ TELEPHONE NUMBER _____

CUSTOMER NAME _____

BUSINESS NAME _____

ADDRESS _____

I/We, the undersigned, certify that _____,
the former customer of Sierra Telephone, at _____,
was and is not occupying the premises or affiliated with the above named business.

In the event that this statement is falsified I/we then may be held liable for the entire delinquent bill owed to Sierra Telephone by the previous customer and shall also be liable for a deposit in accordance with Sierra Telephone's tariffs.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

(Continued)

(To be inserted by utility)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

9. Statement of Nonoccupancy by Former Residence Customer

STATEMENT OF NONOCCUPANCY
BY FORMER RESIDENCE CUSTOMER

DATE _____ TELEPHONE NUMBER _____

CUSTOMER NAME _____

BUSINESS NAME _____

ADDRESS _____

I/We, the undersigned, certify that _____,
the former customer of Sierra Telephone, at _____,
was and is not a member of this household.

In the event that this statement is falsified I/we then may be held liable for the entire delinquent bill owed to Sierra Telephone by the previous customer and shall also be liable for a deposit in accordance with Sierra Telephone's tariffs.

APPLICANT'S
SIGNATURE _____ DATE _____

CO-APPLICANT'S
SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

(Continued)

(To be inserted by utility)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

10. Special Construction of Telephone Exchange Facilities Agreement

SPECIAL CONSTRUCTION OF
TELEPHONE EXCHANGE FACILITIES
AGREEMENT

REFERENCE:

WORK ORDER NO.: _____

DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

DESCRIPTION OF SPECIAL CONSTRUCTION: Set forth in Exhibit A attached.

In accordance with Sierra Telephone Company, Inc.'s (Utility's) tariff rules concerning Special Construction of Exchange Facilities, charges based on costs, including applicable tax gross-ups, apply to the special provision of the exchange facilities and service referenced in Exhibit A (Tariff Rule No. 23). An advance of 100% of the Utility's estimated special construction costs is required. Additional applicable service connection and recurring charges also apply.

Utility's estimated total cost for the referenced special construction of exchange facilities is \$ _____. Applicant will pay such estimated total cost to Utility in advance of commencement of the work. No interest will be paid on this advance. Upon completion of construction, Applicant shall pay the balance of Utility's special construction costs under this work order, if any. If the estimate exceeds the total special construction costs, Utility shall promptly refund any overpayment to Applicant.

If this special construction project is cancelled, modified, or deferred by Applicant after the start of construction, applicable charges shall apply in accordance with tariff provisions.

Applicant represents that Applicant is fully authorized to order the referenced special construction with respect to the Construction Site in accordance with this agreement.

Accepted and Agreed: SIERRA TELEPHONE COMPANY, INC.	Accepted and Agreed: APPLICANT
BY: _____	BY: _____
DATE: _____	_____ (Please Print Name)
	DATE: _____

(Continued)

(To be inserted by utility)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

10. Special Construction of Telephone Exchange Facilities Agreement –
Continued

Exhibit A

EXHIBIT A
SPECIAL CONSTRUCTION OF
TELEPHONE EXCHANGE FACILITIES
AGREEMENT

Construction Site Location/Address:

Description of Special Construction of Exchange Facilities:

(Continued)

(To be inserted by utility)

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A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

11. 7 Day Notice of Disconnection for Nonpayment

Front:

SIERRA TELEPHONE
 Sierra Telephone
 P.O. Box 219
 Oakhurst, CA 93644

Toll Free:
 1-877-658-4611
 559-683-4611
 209-966-3636

Reminder Notice

Account Number: XXXXXX
 Notice Date: 11/29/2017
 Due Date: 11/29/2017
 Basic Due: \$XX.XX

Total Delinquent Due: \$XXX.XX

Amount Enclosed: \$ _____
 Please write your account number on your check

Check here for a change of address (see reverse for details)

To ensure proper credit, please return the top portion of this page with your payment.
 KEEP THIS PORTION FOR YOUR RECORDS

7 DAY NOTICE

IF THIS BILL HAS BEEN PAID, PLEASE DISREGARD THIS NOTICE AND ACCEPT OUR THANKS.

Our records indicate your service charges have not been paid. In order to avoid disconnection of your basic service you must pay the *basic amount due by 4:30 PM on **11/29/2017**. **An additional reconnection charge of up to \$23.37 will apply if service is disconnected and later reestablished, and a minimum deposit may be required. ***Returned checks constitute non-payment and a returned check charge of \$20.00 will apply.

Please note that if you choose to pay only the basic amount due, any unpaid non-basic services will be subject to disconnection. Examples of non-basic services are shown on the reverse side of this notice.

Residential customers only: If your service is disconnected, you will only be able to dial 9-1-1 for emergency service and any of our three Business Office telephone numbers.

Account #:	Account_Number	Basic Due:	\$XX.XX
		Non-Basic Due:	\$XX.XX
		Other Non-Basic Due:	\$XX.XX
		Total Delinquent Due:	\$XXX.XX

TO MAKE AN AFFORDABLE PAYMENT ARRANGEMENT OR TO DISCUSS THIS NOTICE, PLEASE CONTACT A CUSTOMER SERVICE REPRESENTATIVE AT YOUR LOCAL BUSINESS OFFICE.

Mariposa: 209-966-3636 Oakhurst: 559-683-4611 Toll Free: 877-658-4611

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(To be inserted by utility)
 Advice Letter No. 449

Issued by
Cynthia A. Huber
 NAME

(To be inserted by Cal. P.U.C.)
 Date Filed Dec 1, 2017

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President
 TITLE

Effective January 1, 2018

Resolution No. _____

A2. GENERAL REGULATIONS

2.2 FORMS - Continued

2.2.1 GENERAL – Continued

B. Sample Forms – Continued

11. 7 Day Notice of Disconnection for Nonpayment - Continued

Back:

Has your billing address or contact number changed?

Effective Date: _____ Name: _____

New Address: _____ City: _____ State: _____ Zip _____

Contact Number: _____ Work Number: _____

Signature: _____

*Payment of the basic amount due only ensures that your basic services will remain connected. Full payment is required to avoid disruption of all non-basic services. Disconnection of any component of a service bundle will result in the remaining components of the bundle being billed at their individual monthly rates. Basic Charges are defined in California Public Utilities Commission Decision 96-10-066, Appendix B, Page 5.

**Authorized by Sierra Telephone's Local Exchange Tariff, Schedule Cal. P.U.C. A18, Multi-Element Service Charges, Sheet 1

***Authorized by Sierra Telephone's Local Exchange Tariff, Schedule Cal. P.U.C. A2, Rule 9.C, Returned Checks, Sheet 48

Examples of Non-Basic Services:

---CUSTOM CALLING SERVICES, VOICE MAIL, AND OTHER INDIVIDUAL OR BUNDLED FEATURES MAY BE REMOVED

Examples of Other Non-Basic Services:

---INTERNET SERVICE - ACCESS TO THE INTERNET MAY BE REMOVED
 ---PAGING SERVICE - SERVICE MAY BE CANCELLED
 ---ALARM MONITORING - SERVICE MAY BE CANCELLED
 ---ANSWERING SERVICE - SERVICE MAY BE CANCELLED
 ---TOLL/CALLING PLANS - YOUR CURRENT CARRIER MAY RESTRICT YOUR LONG DISTANCE SERVICE

If you have a complaint or dispute you cannot resolve with us, contact the California Public Utilities Commission Consumer Affairs Branch, 505 Van Ness Ave., San Francisco, CA 94102, or at www.cpuc.ca.gov, or call 800-649-7570 or TDD 866-660-4288.

Sign up for Sierra Tel eBill! Enroll to make one time payments or automatic recurring payments each month from the convenience of home!

Visit us online: Go to www.sierratel.com/st/payment-options (Registration is required)

You will need your most recent invoice information for registration. You may elect to continue to receive a paper bill or convert to a paperless billing during registration.

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(To be inserted by utility)

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Cynthia A. Huber

NAME

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(To be inserted by Cal. P.U.C.)

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