

## California Teleconnect Fund Program Discount Request Form

Name of Institution/organization:

(Exactly, as provided on CPUC Application/Website)

CPUC Application No.

**Billing Address:**

**City:**

**State: CA**

**Zip Code:**

**Service Address:**

**City:**

**State: CA**

**Zip Code:**

**Qualifying Organization (Check one of the following):**

School  Library  Community College  Community Based Organization, or Technology Center

County/Municipal owned and operated, or District Owned Hospital/Health Clinic

- List each eligible account in **Section A** below by identifying the main Account Identification numbers, i.e., Billing Telephone Number (BTN), Bill Account Number (BAN), or Account Number (AN).
- If all Working Telephone Numbers (WTNs) associated with the Account Identification number are eligible to receive discounts, check **Box C** below.
- If all WTNs are not eligible, list both the main account number (BTN, BAN, or AN) and eligible Working Telephone Numbers in **Section B**.

Check **Box D** if you have included attachments

<b>Section A</b> <b>Account Identification</b> Billing Telephone Number (BTN) Bill Account Number (BAN) Account Number <span style="background-color: yellow;">OR the identifier on the bill that represents your account</span>	<b>Section B</b> <b>Eligible Account Identification</b> Working Telephone Number (WTN) Cellular Telephone Number (CTN) Circuit ID <span style="background-color: yellow;">OR the identifier on the bill that represents the eligible service(s) you are requesting CTF discounts on</span>
<i>Please use additional page for more than 10 accounts</i>	

Box C  Check this Box if: ALL eligible billed items, for Account Identification Number listed above are to be discounted.

Box D  Check this Box if: You have attached an additional sheet(s). Remember to include Account Identification Number and ALL eligible billed items, or indicate ALL by checking Box C.

Total pages attached including form:



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**Name of Preparer:** **Preparer Contact Tel #- - - Ext:**

**Applicant Contact Name:** **Applicant Contact Tel # - - Ext:**

**Applicant Contact Title:** **Date:**

**Applicant Email address:**

The completed CTF Discount Request Form should be submitted via e-mail to the below address.  
Ronald.sheehan@fusionconnect.com

Fusion  
**Ronald A Sheehan**  
Director of Regulatory Compliance  
210 Interstate North Parkway  
Suite 300  
Atlanta GA 30339  
**Voice: 781-519-7424**

