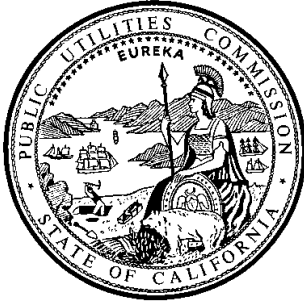


FOR OFFICE USE ONLY

APPLICATION NO.: _____



CALIFORNIA PUBLIC UTILITIES COMMISSION

PUBLIC POLICY PAYPHONE APPLICATION

022009 Rev.

PLEASE FILL OUT THIS APPLICATION AS COMPLETELY AS POSSIBLE. THIS INFORMATION IS NEEDED TO HELP US DETERMINE IF A PUBLIC POLICY PAYPHONE IS SUITABLE FOR THIS LOCATION. IF YOU HAVE ANY QUESTIONS OR NEED HELP IN COMPLETING THIS APPLICATION, PLEASE CALL (415) 703-1193. **NOTE: PLEASE SUBMIT ONE APPLICATION FOR EACH LOCATION.**

PLEASE PRINT CLEARLY OR TYPE

PART I – APPLICANT INFORMATION

NAME OF APPLICANT:

CHECK ONE (OPTIONAL): MR. MS. MRS.

FIRST NAME

MI

LAST NAME

BUSINESS ADDRESS:

CITY:

ZIP CODE:

PHONE: (____) ____ - ____

FAX: (____) ____ - ____

E-MAIL ADDRESS:

WILL YOU OPERATE THIS PPP INDIVIDUALLY, OR WILL IT BE LOCATED ADJACENT TO OR ON THE PROPERTY OF ANOTHER BUSINESS IN WHICH YOU HAVE INTEREST?

IF SO, PLEASE PROVIDE NAME OF BUSINESS AND ADDRESS:

PUBLIC POLICY PAYPHONE APPLICATION – PAGE 2

PART II – PUBLIC POLICY PAYPHONE LOCATION INFORMATION

I HEREBY APPLY FOR A PUBLIC POLICY PAYPHONE AT THE FOLLOWING LOCATION: (PLEASE COMPLETE THE SECTION TO THE RIGHT.)	LOCATION NAME: _____
	ADDRESS: _____
	CITY: _____
	ZIP CODE: _____

WILL THE PROPOSED PUBLIC POLICY PAYPHONE BE AT A NEW BUSINESS OR FACILITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF "YES", OPENING DATE: __/__/____

<p><u>CHECK "A" OR "B":</u></p> <p>A. <input type="checkbox"/> THIS IS AN <u>EXISTING</u> PAYPHONE, WHICH I PROPOSE TO BE DESIGNATED AS A PUBLIC POLICY PAYPHONE.</p> <p>B. <input type="checkbox"/> THIS IS TO BE A NEW PUBLIC POLICY PAYPHONE.</p>	<p>IF YOU CHECKED BOX "A", PLEASE:</p> <p>(1) PROVIDE THE PHONE NUMBER OF THE PAYPHONE IN THE SPACE BELOW, AND</p> <p>(2) BE PREPARED TO PROVIDE ANY AND ALL DOCUMENTS AND INFORMATION REGARDING THIS PAYPHONE'S PAST REVENUES AND EXPENSES.</p> <p>(____) ____ - _____</p> <p>PAYPHONE NUMBER</p>
---	--

<p>IF YOU CHECKED BOX "A" ABOVE, PLEASE ANSWER THE QUESTION ON THE RIGHT.</p> <p>IF YOU CHECKED BOX "B" ABOVE, PLEASE PROCEED TO THE NEXT QUESTION.</p>	<p>(ANSWER ONLY IF THIS IS AN <u>EXISTING</u> PAYPHONE WHICH YOU PROPOSE TO BE DESIGNATED AS A PUBLIC POLICY PAYPHONE.)</p> <p>IS THE EXISTING PAYPHONE CURRENTLY OPERATED UNDER A CONTRACT FOR COMPENSATION BETWEEN AN ENTITY AND A PAYPHONE SERVICE PROVIDER? (NOTE: "ENTITY" MAY INCLUDE A CITY OR COUNTY GOVERNMENT, AN AIRPORT AUTHORITY, SHOPPING CENTER, A BUSINESS, OR AN INDIVIDUAL.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", PLEASE ATTACH A COPY OF THE CONTRACT TO THIS APPLICATION.</p>
---	---

PUBLIC POLICY PAYPHONE APPLICATION – PAGE 3

<p>IS THE PROPOSED PUBLIC POLICY PAYPHONE TO BE LOCATED <u>INSIDE</u> A BUILDING?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", WHERE (IN WHAT ROOM, OR PART OF THE BUILDING) WILL IT BE LOCATED?</p> <hr/> <hr/>
---	--

<p>PLEASE PROVIDE THE NAME OF THE NEAREST CROSS STREET, AND ANY OTHER DIRECTIONS USEFUL IN FINDING THIS FACILITY. ATTACH A SEPARATE SHEET IF NECESSARY.</p>	<hr/> <hr/> <hr/> <hr/>
---	-------------------------

<p>ARE THERE OTHER PAYPHONES AT THIS ADDRESS?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MANY: _____</p> <p>IF YES, PLEASE PROVIDE THE PHONE NUMBERS (USE ADDITIONAL SHEETS IF NECESSARY).</p> <p>(____) ____ - _____ (____) ____ - _____</p> <p>(____) ____ - _____ (____) ____ - _____</p>
---	---

<p>TO THE BEST OF YOUR KNOWLEDGE, HOW FAR IS THE NEAREST <u>EXISTING</u> PAYPHONE FROM THE PROPOSED PUBLIC POLICY PAYPHONE? PROVIDE THE ADDRESS OR SPECIFIC LOCATION OF THAT EXISTING PAYPHONE. IF KNOWN, ALSO PROVIDE THE NUMBER OF THAT PAYPHONE: (____) ____ - _____</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

PUBLIC POLICY PAYPHONE APPLICATION – PAGE 4

PART III – PUBLIC ACCESS TO PAYPHONE

[NOTE: AS USED IN THIS PART, "UNRESTRICTED ACCESS" MEANS THE PAYPHONE IS PHYSICALLY AND GEOGRAPHICALLY AVAILABLE TO THE GENERAL PUBLIC. THEREFORE, IF THE PROPOSED PPP WILL BE LOCATED INDOORS, THE PUBLIC SHOULD HAVE IMMEDIATE ACCESS TO THE PAYPHONE. IF THE PHONE WILL BE LOCATED IN AN EMPLOYEE LOUNGE, THE LOCKER ROOM OF A PRIVATE CLUB, A RESTAURANT KITCHEN, OR ANY OTHER CONDITION UNDER WHICH ACCESS WOULD BE RESTRICTED, THE ANSWER TO QUESTIONS 1 AND 2 BELOW, WOULD BE "NO".]

<p>A. CHECK "YES" OR "NO":</p> <p>1. THE GENERAL PUBLIC WILL HAVE UNRESTRICTED ACCESS TO THIS PAYPHONE AT ALL TIMES: TWENTY-FOUR (24) HOURS A DAY, SEVEN (7) DAYS A WEEK.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", SKIP TO PART IV, ON THE FOLLOWING PAGE.</p> <p>2. THE GENERAL PUBLIC WILL HAVE UNRESTRICTED ACCESS TO THIS PAYPHONE DURING THE OPERATING HOURS OF THIS FACILITY.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", COMPLETE <u>SECTION B</u>, "HOURS OF FACILITY".</p>	<p>B. HOURS OF FACILITY:</p> <p>3. (COMPLETE <u>ONLY</u> IF YOU ANSWERED "YES" TO QUESTION 2.)</p> <p>THE OPERATING HOURS OF THIS FACILITY ARE (SPECIFY A.M. OR P.M.):</p> <table><tr><td>_____</td><td>TO _____</td><td>MONDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>TUESDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>WEDNESDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>THURSDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>FRIDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>SATURDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>SUNDAY</td></tr></table>	_____	TO _____	MONDAY	_____	TO _____	TUESDAY	_____	TO _____	WEDNESDAY	_____	TO _____	THURSDAY	_____	TO _____	FRIDAY	_____	TO _____	SATURDAY	_____	TO _____	SUNDAY
_____	TO _____	MONDAY																				
_____	TO _____	TUESDAY																				
_____	TO _____	WEDNESDAY																				
_____	TO _____	THURSDAY																				
_____	TO _____	FRIDAY																				
_____	TO _____	SATURDAY																				
_____	TO _____	SUNDAY																				

PART IV – TTY EQUIPMENT FOR THE DEAF AND HARD OF HEARING

<p>1. IS THERE A NEED FOR A TTY (A KEYBOARD DEVICE FOR THE DEAF AND HARD OF HEARING) TO BE INSTALLED ON THE PROPOSED PUBLIC POLICY PAYPHONE?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "NO", SKIP TO PART V, ON THE FOLLOWING PAGE.</p> <p>IF "YES", COMPLETE QUESTION 2. YOU WILL THEN RECEIVE A TTY APPLICATION BY MAIL AFTER YOU SUBMIT THIS APPLICATION.</p>	<p>2. (ANSWER <u>ONLY</u> IF YOU WILL BE REQUESTING INSTALLATION OF A TTY): IS THERE AN ELECTRICITY SOURCE (115 / 220 VOLTS) NEAR THE PROPOSED PUBLIC POLICY PAYPHONE?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", BRIEFLY DESCRIBE THE LOCATION OF THE ELECTRIC SERVICE, INCLUDING ITS APPROXIMATE DISTANCE FROM THE PROPOSED PUBLIC POLICY PAYPHONE.</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

PUBLIC POLICY PAYPHONE APPLICATION – PAGE 5

PART V – MEETING CRITERIA FOR PLACEMENT OF A PUBLIC POLICY PAYPHONE PER CRITERIA ORDERED BY DECISION (D.) 08-06-020 IN RULEMAKING (R.) 06-05-028

DOES THE LOCATION AT WHICH YOU ARE APPLYING FOR PAYPHONE PLACEMENT MEET THE CRITERIA LISTED ON THE RIGHT?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	ENHANCES PUBLIC HEALTH AND SAFETY;
	<input type="checkbox"/>	<input type="checkbox"/>	LOCATED IN A RURAL OR REMOTE AREA WITH SIGNIFICANT PUBLIC TRAFFIC, EVEN IF ONLY SEASONALLY;
	<input type="checkbox"/>	<input type="checkbox"/>	LOCATED AT AN INTERSTATE OR STATE HIGHWAY REST STOP;
	<input type="checkbox"/>	<input type="checkbox"/>	LOCATED IN A LOW-INCOME OR DISADVANTAGED COMMUNITY SETTING WITH LIMITED LANDLINE TELEPHONE AVAILABILITY;
	<input type="checkbox"/>	<input type="checkbox"/>	DEMONSTRATED NEED FOR A PUBLIC PAYPHONE, WITH THE REQUEST SUPPORTED BY A GOVERNMENT ENTITY OR LOCAL COMMUNITY GROUP WILLING TO PAY AT LEAST HALF THE COSTS; OR
	<input type="checkbox"/>	<input type="checkbox"/>	PRESENTATION OF OTHER FACTS JUSTIFYING THE NEED FOR A PUBLICLY SUPPORTED PAYPHONE

PUBLIC POLICY PAYPHONE APPLICATION – PAGE 7

PLEASE PROVIDE ESTIMATED MONTHLY RECURRING CHARGES FOR A PAYPHONE AT THIS LOCATION, ROUNDED TO THE NEAREST DOLLAR:

MONTHLY RECURRING CHARGES

\$ _____

PART VIII – SIGNATURE AND DATE; MAILING AND FAX INFORMATION

SIGNATURE OF APPLICANT

DATE

RETURN COMPLETED APPLICATION(S) TO:



**CALIFORNIA PUBLIC UTILITIES COMMISSION
COMMUNICATIONS DIVISION
CRITICAL INFRASTRUCTURE & MARKET ANALYSIS SECTION
505 VAN NESS AVENUE, AREA 3-D
SAN FRANCISCO, CA 94102
FAX NUMBER: (415) 703-4405**

AFTER THE COMMUNICATIONS DIVISION REVIEWS YOUR APPLICATION, WE WILL CONTACT YOU TO MAKE FURTHER INQUIRIES OR TO ARRANGE A DATE AND TIME FOR INSPECTION OF THE PROPOSED PUBLIC POLICY PAYPHONE SITE.