

Telecommunications Carrier Monthly Report to ETSB

Local Exchange Carrier Name: _____

Remittance for (Month/Year): _____

Total Number of Access Lines: _____

	Number	Rate	Revenues
Residential Lines	_____	_____	_____
Basic Business Lines	_____	_____	_____
Pay Phone Lines	_____	_____	_____
Centrex/PBX Lines Billed	____/____	_____	____/____
Centrex/PBX Lines Not Billed	(____/____)		
Exempt Lines	(____/____)		
TOTALS	_____		_____

Date Prepared

Originator

Telephone Number