

Form to be completed by the LEC.

Please submit this form to:
Public Utility Commission of Texas
ATTENTION: CUSTOMER PROTECTION
P. O. Box 13326
Austin, Texas 78711-3326
Fax: (512) 936-7003
E-mail: customer@puc.state.tx.us

FOR COMMISSION USE ONLY

ADAD Permit Number: _____
Date Issued: _____
Expiration Date: _____

**NOTIFICATION OF COMPLAINT
RECEIVED BY
A LOCAL EXCHANGE CARRIER
RELATING TO THE USE OF AN ADAD
PUC Substantive Rule § 26.125**

Name of Complainant: _____ (First Name, Last Name).

Complaint received by Local Exchange Carrier on _____ (Month, Day, Year).

Indicate whether the complaint was received by () Mail, () Fax, () E-mail, () Telephone.

If complaint was received by telephone, summarize the nature of the complaint here:

Provide the following information regarding the calling party against whom the complaint was lodged:

Identity of Account Holder	
Street Address	
City, State, ZIP	
Telephone Number	

Indicate whether the address information provided is a () residential address
() business address
() mailing address

Indicate whether the telephone number provided is unpublished: () Yes () No.

Indicate whether LEC was notified of ADAD pursuant to P.U.C SUBST.R. 26.125(b)(1): () Yes
() No.

Other information relevant to this complaint:

Name of Local Exchange Carrier: _____

Complaint forwarded to the PUC by _____
(LEC Employee: First Name, Last Name, Title)

Questions regarding the information submitted on this form should be directed to:

Name of LEC Employee	
Title	
Telephone Number	
Fax Number and/or E-mail Address	

Indicate whether the following documents were submitted with this form:

- () Copy of a written complaint.
- () Copy of written communications with the complainant regarding this complaint.
- () Other.