



**TRANSFER OF CUSTOMER BASE REPORT**  
**Applicable to All Telephone Utilities**

A telephone utility acquiring all or part of the customer base of another carrier pursuant to Puc 405.03(a) must submit this form 30 days prior to the acquisition.

A telephone utility selling or transferring all or part of its customer base to an entity that is not a telephone utility pursuant to Puc 405.03(b) must submit this form 30 days prior to the sale or transfer.

Telephone utilities must also file copies of relevant FCC submissions pursuant to Puc 405.03(a).

**1. General Information (Acquiring Company)**

Legal Name \_\_\_\_\_

Federal Employer Identification  
 Number (FEIN) - \_\_\_\_\_

Telephone Utility Identification  
 Number if one has been assigned \_\_\_\_\_

Trade Name(s) d/b/a  
 in New Hampshire \_\_\_\_\_

Complete Mailing  
 Address \_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

**2. General Information (Seller or Transferring Company)**

Legal Name \_\_\_\_\_

Federal Employer Identification  
 Number (FEIN) - \_\_\_\_\_

Telephone Utility Identification  
 Number if one has been assigned \_\_\_\_\_

Trade Name(s) d/b/a  
 in New Hampshire \_\_\_\_\_

Complete Mailing  
 Address \_\_\_\_\_

Phone Number - - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_



NEW HAMPSHIRE PUBLIC UTILITIES COMMISSION  
 21 S. FRUIT ST., STE 10 CONCORD, NH 03301-2429  
 603-271-2431  
 www.puc.nh.gov

NHPUC Form T-4  
 Transfer of Customer Base Report  
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 Puc 409.04  
 Rev. 02/2014

**3. Attach an updated T-1 Contact and Trade Name Information Form for the Acquiring Company if it is a telephone utility**

**4. Additional Information**

Effective date for transfer of customer base \_\_\_\_\_

Number of New Hampshire customers affected \_\_\_\_\_

**5. Signature for Reporting Telephone Utility:**

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative

Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



\_\_\_\_\_  
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If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431.  
 Please mail any documents to the above address.