

SERVICE SUPPLIER CONTACT INFORMATION

Effective through May 1, 2017

Return To:

hansels@michigan.gov

PLEASE RETURN BEFORE
APRIL 29, 2016

I. General Company Name and Contact Information

Full Company Name			Tax ID Number	
Contact Person (Title, First Name, Last Name)				
Address		City	State	Zip Code
Phone Number	Fax Number	NOC Number	E-Mail Address	

II. Primary Contact Information for 911 Surcharge Compliance

<input type="checkbox"/> The contact information is the same as above.				
Contact Person (Title, First Name, Last Name)				
Address		City	State	Zip Code
Phone Number	Fax Number	NOC Number	E-Mail Address	

III. Type of Communication Services Provided

A. Select all applicable types of communication services provided:	
<input type="checkbox"/> VoIP <input type="checkbox"/> ILEC <input type="checkbox"/> CLEC <input type="checkbox"/> Tax Company <input type="checkbox"/> Internet	<input type="checkbox"/> Cable Provider Digital Phone Service <input type="checkbox"/> Wireless (CMRS) <input type="checkbox"/> Prepaid Wireless <input type="checkbox"/> Reseller <input type="checkbox"/> Other _____
B. Select the profile that applies:	
Our company DOES provide service within the geographical boundaries of the State of Michigan. Our company DOES NOT provide communication services within the geographical boundaries of the State of Michigan or meet the statutory definition set out in MCL 484.1102(g).	

IV. Form Completion Information

Printed Name of Person Completing Form		Phone Number	Date
Signature of Person Completing Form			