BOB ANTHONY TODD HIETT DANA MURPHY



 Commissioner Commissioner Commissioner

### Oklahoma Corporation Commission

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**CHANGE REQUEST FOR CONTINUED FUNDING FROM THE**

**OKLAHOMA UNIVERSAL SERVICE FUND**

**DUE TO CHANGES ASSOCIATED WITH COVID-19 RESPONSE**

Effective September 17, 2020

**Please submit concurrent with the request for increase from the beneficiary, but no later than 24 hours after upgrade. This it to reduce risk for all stakeholders.**

Please complete this form and return it. Attachments requested should be sent as soon as available. Please send initial request for increase to brandy.wreath@occ.ok.gov and to OUSF@occ.ok.gov in order to receive quick approval of the requested change. Submissions will be reviewed, and a response sent, upon receipt. After completing its review, PUD will send notice of approval by email. In the event a request is found to be unreasonable, PUD will immediately contact the service provider and beneficiary by phone and/or email to review and resolve any issues with the reasonableness of the request. For changes that are not made resulting from the COVID-19 pandemic, please use the Change Request for Continued Funding from the Oklahoma Universal Service Fund, effective July 1, 2018. These emergency approvals will be on a temporary basis until such time as the pandemic emergency status has been lifted.

**SECTION 1: COVID-19 CHANGE REQUEST**

**Please confirm whether the below change is submitted due to the COVID-19 pandemic.** YES NO

**Please confirm whether E-rate or Rural Health Care funding has been requested for**

**this increased service?** YES NO

**SECTION 2: SERVICE PROVIDER INFORMATION**

**Name of service provider:**

**Change Request Form Date:**

**SECTION 3: OUSF BENEFICIARY INFORMATION**

**Type of eligible beneficiary:**

**Eligible beneficiary name:**

**Eligible beneficiary contact:**  Please include the address, telephone number with area code, and email address.

**SECTION 4: CHANGE REQUEST**

Please describe all changes to the service(s) including the circuit ID, bandwidth and OUSF eligible invoice amount.

Please provide an attachment if the request is for multiple circuits.

**Effective Date of Change:**

**Prior to change**

**Bandwidth:**

**Circuit ID:**

**Invoice Amount:**

**After change**

**Bandwidth:**

**Circuit ID:**

**Invoice Amount:**

**SECTION 5: REQUIRED ATTACHMENTS**

**Attachment 1** – Please provide the invoice containing the effective date of the change as soon as possible. It is not required for initial approval but no later than 1 week prior to the first request for reimbursement.

**Attachment 2** – Please provide a copy of the contract, agreement, or service order which governs the changed service as soon as possible but no later than 1 week prior to the first request for reimbursement. Please also submit a change request worksheet for the upgrade in service, in order to update the OUSF database.

**SECTION 6: OPTIONAL COMMENTS**