

UTILITY DESIGNEE FORM

NEW UTILITIES MUST COMPLETE THIS FORM UPON CPCN, LOR APPROVAL, AND WHEN CHANGES OF UTILITY INFORMATION OCCUR (i.e., name, address, contact person, etc.)

DATE:

UTILITY NAME:

dba:

CORPORATE ADDRESS:

STREET ADDRESS

MAILING ADDRESS (if different)

CITY

STATE

ZIP

INTERNET ADDRESS:

COMPANY MAILING ADDRESS:

ADDRESS:

CITY

STATE

ZIP

ANNUAL REPORT CONTACT:

NAME & TITLE:

STREET ADDRESS

MAILING ADDRESS (if different)

CITY

STATE

ZIP

BUSINESS PHONE NO.

FAX NO.

EMAIL ADDRESS:

COLORADO HIGH COST FUND CONTACT:

NAME & TITLE

STREET ADDRESS

MAILING ADDRESS (if different)

CITY

STATE

ZIP

BUSINESS PHONE NO.

FAX NO.

EMAIL ADDRESS:

CUSTOMER SERVICE (BUSINESS OFFICE):

CURRENTLY OFFERING SERVICE IN COLORADO YES NO

SERVICES CURRENTLY OFFERED IN COLORADO: RESIDENTIAL BUSINESS

MAILING ADDRESS

CITY

STATE

ZIP

TOLL FREE NO. FOR BUSINESS SERVICE

FAX PHONE NO.

TOLL FREE NO. FOR RESIDENTIAL SERVICE

EMAIL ADDRESS:

INTERNET ADDRESS:

INTERNAL COMPANY 911 CONTACT:

NAME & TITLE

STREET ADDRESS

MAILING ADDRESS (if different)

CITY

STATE

ZIP

BUSINESS PHONE NO.

FAX NO.

EMAIL ADDRESS:

REGULATORY CONTACT:

NAME & TITLE

STREET ADDRESS

MAILING ADDRESS (if different)

CITY

STATE

ZIP

BUSINESS PHONE NO.

FAX NO.

EMAIL ADDRESS: