RolkaLoube

Interstate TRS Fund

Annual Provider Information

Provider Name	
Contact Name	
Contact Email Address	
Contact Telephone	

For signature at the bottom of this form:

Senior Officer Name	
Senior Officer Title	

To assist RLSA in understanding your data, in the box below, please summarize any service changes/activities/improvements since the 2013-2014 filing, or planned for tariff year 2014-2015 (July thru June), that caused/may cause substantial changes in cost and/or demand data. Include the methodology used to determine the projected minutes for calendar years 2015 and 2016. Examples: addition of a state; loss of a state contract; increase in volumes due to specific outreach program; call volume decrease due to use of internet or other non-TRS technology; decrease in minutes due to new, time saving technology; changes in volumes due to abnormal weather conditions; etc. Include any characteristics unique to a particular service or changes in the relay services marketplace as a whole.

Should you have questions about completing or submitting these forms, please see the filing instructions.

I swear under penalty of perjury that I am _____, _____, an officer of the above-named reporting entity and that I have examined the foregoing reports and that all requested information has been provided and all statements of fact, are true and accurate.

_____ Signature

_____ Date