

**New Mexico Universal Service Fund
2020 Remittance Worksheet Instructions
Effective January 1, 2020**

Attachment F

[Print on Company Letterhead]

**Customer Request for Indian Exemption
From State Universal Service Fund Surcharge**

A fund has been created to lower in-state long distance telephone rates and provide universal, affordable telephone service to customers in New Mexico. Money for the fund is to come from a surcharge on both regular and wireless telephone service. By New Mexico statute and Public Regulation Commission rule², certain types of customers are exempt from paying the surcharge. Phone numbers established for use by state, county, municipal or another government entity; a public school district; a public institution of higher learning; a private telecommunications network; a person eligible to receive reduced rates under a low-income telephone assistance plan created by federal or state government; **a governmental entity of an Indian nation, tribe, or pueblo; a member of an Indian nation, tribe, or pueblo residing on the reservation of that nation, tribe, or pueblo; or a business owned by an Indian nation, tribe, or pueblo, or by one or more members of an Indian, nation, tribe or pueblo, located on and doing business on the reservation of the tribe or the tribal member,** qualify for this exemption.

If you as an individual or your organization belong to one of the exempt Indian categories listed above, please list your New Mexico telephone number or telephone numbers below, and **circle** the exemption reason for each number.

(505)____ - _____; Indian government; nation/tribe/pueblo member; Indian business

(505)____ - _____; Indian government; nation/tribe/pueblo member; Indian business

(505)____ - _____; Indian government; nation/tribe/pueblo member; Indian business

(If necessary, attach a separate sheet listing additional phone numbers for which an exemption is claimed.)

By signing below, I affirm that all of the information provided on this form is correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Organization (if applicable): _____

Address: _____

Date: _____

Questions regarding this form may be addressed to:

[Insert Carrier Contact Information]

²NMSA 1978, Section 63-9H-6; 17.11.10 NMAC