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[NAME] understands that a waiver of the Commission's electronic filing requirements applies only to its participation in Docket [DOCKET NUMBER]. [NAME] will immediately notify the Commission when it is able to send and receive electronic filings.

DATED this [] day of [MONTH], [YEAR]

Respectfully Submitted,

By: _____
[SIGNATORY NAME]
[MAILING ADDRESS]
[CITY, STATE, ZIP CODE]
[PHONE NUMBER]
[FAX NUMBER]
[ELECTRONIC MAIL ADDRESS]
[ATTORNEY BAR NUMBER, if applicable]

CERTIFICATE OF SERVICE

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I hereby certify that on [DATE], a copy of the Request for Waiver of Electronic Filing Requirements was served on [NAMES AND ADDRESSES OF PARTIES SERVED] by [METHOD OF SERVICE] on the [] day of [MONTH], [YEAR].

By: _____