GEORGIA PUBLIC SERVICE COMMISSION

LIFELINE QUARTERLY NON-USAGE REPORT

 Choose an item. Click here to enter text.

Company Name: Click here to enter text.

Completed By: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | October | November | December | **Total** |
| Number of Subscribers De-enrolled for Non-usage | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of Subscribers De-enrolled for Failure to Recertify | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of Subscribers De-enrolled Voluntarily | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |