Arizona Corporation Commission Telephone Outage Form

Complete form electronically, click email address or submit button below: outage@azcc.gov

| REPORTING DATE | REPORTING TIME | REPORTED BY |
|--------------------------------|----------------|---------------------|
| | | |
| COMPANY NAME | | PHONE NUMBER |
| | | |
| | | |
| TIME OF OUTAGE OFF DATE | OFF TIME | 1 |
| OFF DATE | OFF TIME | |
| WHERE | | |
| | | |
| | | |
| GEOGRAPHIC LOCATION OF COMPANY | | |
| | | |
| CAUSE | | |
| CAUSE | | |
| | | |
| ACTION TAKEN | | |
| | | |
| | | |
| | | |
| CUSTOMERS | DURATION | ON TIME |
| | | |
| | | |
| ADDITIONAL INFORMATION | | |
| WHO DAMAGED UTILITY'S PROPERTY | | |
| | | |
| COMMENTS | | |
| | | |
| | | |
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| SUBMI | T Clea | <mark>r Form</mark> |