

**Arkansas Public Service Commission  
Tariff ("TF") Docket Summary Cover Sheet  
Must be filed with each new TF docket filed at the Commission**

**STYLE OF DOCKET:** (Style may be changed by Secretary of Commission)    **Docket Number:**

--	--

DOCKET DESIGNATOR:  TF      LAST RATE CASE DOCKET:

Does this change company name:

Yes     No

--

RELATED DOCKETS:

--

PETITIONER:

ATTORNEY(S) NAME, ADDRESS, PHONE, FAX AND E-MAIL

--	--

Write a brief statement, limited to the space provided herein describing the case that you are filing. Please provide enough information to assure that the nature of your docket is clear.

--

**Pursuant to Rule 2.03(b), of the Commission's Rules of Practice and Procedure, please provide name, address, phone, fax, e-mail of at least one person, but not more than two, to appear on the Service List for this docket**

<p><b>1. Number of customers by class affected by this tariff change: _____</b></p> <p><b>2. Company's current authorized retail revenue requirement: _____</b></p> <p><b>3. Estimated annual retail revenue impact if proposal is approved, both in dollars and as a percentage of current retail revenue requirement: _____</b></p> <p><b>4. Estimated monthly impact on an average residential customer in both dollars and percentage increase: _____</b></p> <p><b>5. Proposed effective date: _____</b></p>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Representing: \_\_\_\_\_