

Doc #: _____

Date: _____

**Nebraska Public Service Commission
Request for Set Aside Usage**

PSAP Information

PSAP Name _____

Contact Name _____

Address _____

City _____

Telephone Number _____

Email Address _____

Current Wireless Ratio _____ **Current Set Aside Balance** _____

Please describe project:

Please provide the following information:

Vendor/Provider Name	Non-Recurring Costs	Monthly Costs
Total		

Attach to Application:

_____ Copy of bid(s) or invoice(s) received from vendor(s) for project.

_____ Copy of all supporting documentation regarding costs paid

Signature

Date

Submit Applications and Direct Questions to:
Tina Bartlett State 911 Administrative Coordinator
Nebraska Public Service Commission
(402)471-0208
tina.bartlett@nebraska.gov
psc.psap@nebraska.gov