

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: Access Inc. dba Access Voice + Data

Physical Address of Principal Office: Street: 1441 Lincoln Ave
 City: Louisville State: KY Zip: 40213

Primary Contact: Name: Erin Watson Title: Office manager
 Phone: (502) 367-1881 Fax: (502) 368-4132
 E-Mail: service@adcky.com

Person Responsible for Answering Consumer Complaints:	Name: <u>Erin Watson</u> Title: _____
	Address (if different from above) Street: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Fax: _____

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Erin Watson, on behalf of Access Voice + Data do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 24 day of June, 2021.

UTILITY: Access Inc.

BY: [Signature]

STATE OF Kentucky
 COUNTY OF Jefferson

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 24th day of June, 2021.



[Signature] 6100320
 NOTARY PUBLIC

My Commission Expires: _____ My Commission Expires October 05, 2022

