

MaryRose Sirianni Manager Regulatory Relations

FPSC - COMMISSION CLERK AT&T Florida 150 South Monroe St. Suite 400 Tallahassee, FL 32301

T: 850-577-5553 F: 850-577-5536 MaryRose.Sirianni@att.com www.att.com

FILED OCT 11, 2013

DOCUMENT NO. 06129-13

October 11, 2013

Ms. Ann Cole Commission Clerk Office of the Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

> Re: FPSC Docket 130158-TP - FCC Form 481, Carrier Annual Reporting Data Collection Form

Dear Ms. Cole:

Pursuant to Section 54.313(i) of the Federal Communications Commission's ("FCC's") rules, enclosed is a copy BellSouth Telecommunications, LLC d/b/a AT&T Florida d/b/a AT&T Southeast ("AT&T Florida's") FCC Form 481, Carrier Annual Reporting Data Collection Form, dated October 11, 2013. Pursuant to Section 364.183(3), Florida Statutes, and Rule 25-22.006, Florida Administrative Code, AT&T Florida hereby makes a claim of confidentiality for a portion of FCC Form 481. The Response contains information relating to competitive interests. Attached is one original copy of the proprietary information and two copies of the redacted information.

If you have questions, please don't hesitate to call.

Sincerely,

MaryRose Sirianni

	rvice Outage Reporting (Voice) llection Form									FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010> Stu	ıdy Area Code					215191						
:015> Study Area Name						SOUTHERN BELL-FL						
:020> Program Year						2014						
030> Co	ntact Name - P	erson USA	C should cont	act regardir	ng this data	Vonda Long-	Dillard					
					tified in data li		2) 457-204					
	ntact Email Ad	dress - Em	ail Address of	person ider	ntified in data li	ne <030> v14	46B@att.c	m				
220>												
<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>	
ORS		Outage		Outage	Number of	Total	911 Facilities	Service Outage	Did This Outage Affect Multiple			
eference	Outage Start		Outage End	End	Customers	Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative	
ımber	Date	Time	Date	Time	Affected	Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures	
		<u> </u>	-									
									=			
											-	
				-								
	-											
	-			 	 							