

# REVERIFICATION COVER SHEET

Please use this COVER SHEET when submitting reverification documentation for your consumers via mail. Place the completed coversheet between each submitted consumer packet (do not staple or paper clip). Send the completed forms to:

**Universal Service Administrative Company  
Lifeline Support Center**

**P.O. Box 1000  
Horseheads, NY 14845**

**DO NOT MAIL ORIGINAL DOCUMENTATION**

*Please only send photocopies or pictures of documentation.*

**\*\*DO NOT MODIFY THE FORMAT OF THIS  
COVERSHEET\*\***

**PLEASE COMPLETE BELOW IN BLACK INK AND ALL CAPITAL LETTERS OR TYPE**

Application ID

|   |  |  |  |  |  |   |  |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|
| V |  |  |  |  |  | - |  |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|

**Last Name**

[illegible]**First Name**[illegible]