

Docket No. RPC-_____ (RPC use only)

OBJECTION

INFORMATION ABOUT YOUR ORGANIZATION:

Please provide complete information regarding your organization:

Name: _____
Address: _____

Please provide the following information about the individual the RPC should contact regarding this Objection:

Name: _____
Title: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

INFORMATION ABOUT YOUR OBJECTION:

For incumbent space station operators, incumbent earth station operators, incumbent fixed service licensees (or surrogates performing work on their behalf), or programmers (designated by incumbent space station operators):

The Objection relates to a claim for reimbursement submitted by your organization on: _____.

The designated identification number of your organization's claim for reimbursement: _____.

The RPC-assigned number for the invoice presented to overlay licensees that includes your organization's relocation costs to which this objection relates: _____.

Please: identify the relocation costs disallowed by the RPC to which your organization objects; provide a brief statement of the grounds for the objection; and state your requested relief:

- The Objection relates to a matter not identified above. Please describe the matter to which the Objection relates:

For Overlay Licensees:

- The Objection relates to (check all that apply):
- A claim for reimbursement of relocation costs submitted by an incumbent space station operator, incumbent earth station operator, incumbent fixed service licensee (or surrogate performing work on behalf of these incumbents), or programmers (designated by incumbent space station operators).

The designated identification number for the claim for reimbursement to which your organization objects: _____.

The RPC-assigned number for the statement or invoice that includes the claim for reimbursement to which this objection relates: _____.

- The apportionment of relocation costs among overlay licensees.
- The pro rata share of overlay licensees for accelerated relocation payments.
- A six-month estimate of relocation costs.
- An invoice of approved reimbursement claims.
- Any other payment or cost-sharing obligation.

Please: identify the claim for reimbursement, apportionment of relocation costs, pro rata share of accelerated relocation payments, six-month estimate of transition costs, invoice of approved reimbursement claims, or other payment or cost-sharing obligation to which your organization objects; provide a brief statement of the grounds for the objection; and state your requested relief:

- The Objection relates to a matter not identified above. Please describe the matter to which the Objection relates:

Signature

Printed name

Date

OBJECTION

Name: _____

Date: _____

If needed, please provide additional information regarding your objection on this page.