

Application for Reimbursement

***(Name)**

***(Address)**

***(State)**

***(Zip Code)**

***(Address of Nearest Cable Access)**

***(Name of Nearest Cable Provider)**

***(Name of Nearest DSL Provider)**

***(Name of Satellite TV Provider)**

***(Home Telephone Number)**

Email Address (Optional)

***(Total Number of Household Computers)**

*** All fields are required to be filled in except email address.**

Each individual application must be accompanied by either of the following:

- ***A check or money order in the amount of \$2.00***
- ***Or a check or money order in the amount of \$1.50 plus one 50 cent US Postal Stamp.***
- ***Or four (4) US Postal Stamps valued at 50 cents each.***

Mail To:

Broadband Access Alliance
75 Cobb Hill Rd
Phillipston, MA 01331-9443