

150 CSR 26

FORM NO. 7

CABLE TELEVISION ANNUAL REPORT

For the Twelve Month Period Ended	Month	Day	Year
Franchise Authority	System/Headend Reference Name		
CUID Number(s)	Physical System ID Number		

Schedule A
System Contact Information

1. Name of Company _____

2. Local Contact Person _____

3. Local Contact Telephone _____

4. Company Address _____

5. Company City _____
State _____ Zip _____

6. MSO Affiliation _____

7. MSO Contact Person _____

8. MSO Contact Telephone _____

9. MSO Address _____

10. MSO City _____
State _____ Zip _____

Schedule B
Franchise Information

11. Franchising Authority _____

12. Date of Franchise _____

13. Length of Franchise _____

14. Expiration Date of Franchise _____

15. Basis of Franchise Fee (basic/gross) _____

16. Enter Percentage or Fixed Amount _____ % or \$ _____

17. # of PEG Channels Required _____

18. Amount of Document Fees Paid With This Report \$ _____

19. Amount of Subscriber Fees Paid With This Report (\$.12 ea.) \$ _____

150 CSR 26

**Schedule E
Line Extension Policy**

- 35. Homes Per Mile Required _____
- 36. Maximum Drop Length _____

**Schedule F
Customer Service Information**

- 37. Physical Address of Nearest Business Office _____

- 38. Business Office Hours _____
- 39. Ordering & Billing Toll-Free Telephone Number _____
- 40. Number of Ordering & Billing Lines _____
- 41. Total Subs Accessing This Number _____
- 42. Staff Dedicated To This Activity _____
- 43. Ordering & Billing Telephone Hours _____

Fill out this section if Billing and Repair are operated separately

- 44. Repair Toll-Free Telephone Number _____
- 45. Number of Repair Lines _____
- 46. Total Subs Accessing This Number _____
- 47. Staff Dedicated to This Activity _____
- 48. Repair Telephone Hours _____
- 49. Method of Taking After Hours Calls _____
- 50. # Techs & Installers Serving This Area _____
- 51. Subscribers/Technician Average (Include other systems if applicable) _____
- 52. Billing System Used (Statement/Coupon) _____

**Schedule G
Access Channel Information**

- 53. Number of PEG Channels in Use _____
- 54. Number of Leased Access Channels in Use _____
- 55. Describe the facilities made available for access channel users:

150 CSR 26

56. Describe methods used to make citizens aware of availability of access channel facilities

**Schedule H
Emergency Broadcast System Information**

57. Currently Operating an Emergency Override System? _____

If yes, answer the following:

58. Does It Blank Video? _____

59. Can You Generate Alpha/Numeric Messages On All Channels? _____

60. Can You Generate An Audio Message On All Channels? _____

61. Can The Override System Be Accessed By Telephone? _____

If the answer on line 62 is no, answer the following:

62. Are you planning to add an Emergency Override System? _____

63. Do you carry the National Weather Service on your system? _____

If so, answer the following:

64. Do You Carry NWS Video Crawl? _____

65. Do You Carry NWS (NOAA) Audio? _____

66. Do You Carry The Weather Channel With A Weather Star? _____

**Schedule I
Ownership Information**

67. FEIN or Social Security Number _____

68. West Virginia ID Number _____

69. Type of Business (Corp., Partn., Propr.) _____

70. If Corp. or Partnership, Charter State _____ Date _____

71. List names of company officers, directors and/or general partners

150 CSR 26

72. List names of limited partners owning 10% or more of partnership interest

Schedule J
Basic Service Information For This Franchise Area

73. Number of Subscribers To Basic Service _____
74. Current Basic Service Rate _____
75. Number of Channels on Basic Service Tier _____
76. Do You Offer Discounts For Groups Such As Elderly or Low Income? _____
77. If yes, what is the discount and how does one qualify? _____

List the current rates charged for the following rental equipment along with the number of subscribers renting each item.

78. Converter	_____	Charge	_____	# Subs	_____
79. Other Converter	_____	Charge	_____	# Subs	_____
80. Remote	_____	Charge	_____	# Subs	_____
81. Other Remote	_____	Charge	_____	# Subs	_____
82. Other Basic-Related Equipment	_____	Charge	_____	# Subs	_____
83. What Is Your HSC Charge If Established?	_____				
84. Do you use the HSC or a fixed rate for installation/service charges?	_____				

If you use a fixed rate for installation and service charges, please fill out the chart below.

85. Unwired Home Installation Charge _____
86. Reconnection Charge _____
87. Additional Connection Installation at Time of Initial Installation _____
88. Additional Connection Installation after Initial Installation _____
89. Cable Programming Service Tier Upgrade _____
90. Cable Programming Service Tier Downgrade _____

150 CSR 26

96. Complete the table below for each ala carte discount package.

Description/Service Name	Rate	# Subs

- 97. Charge For Premium Service Upgrade _____
- 98. Charge For Premium Service Downgrade _____
- 99. Late Fee _____
- 100. Returned Check Fee _____

**Schedule M
Profit and Loss Statement**

REVENUES

- 101. Basic Service Revenue _____
- 102. Cable Programming Service Revenue _____
- 103. Installation & Service Revenue _____
- 104. Equipment Rental Revenue _____
- 105. Premium Service Revenue _____
- 106. Pay Per View Revenue _____
- 107. Advertising Revenue _____
- 108. Other Revenue _____
- 109. TOTAL OPERATING REVENUES _____

EXPENSES AND TAXES

- 110. Salaries, Wages & Employee Benefits _____
- 111. Pole Rentals _____ # Rented _____
- 112. Basic Service Programming Expense _____
- 113. Cable Programming Service Programming Expense _____
- 114. Other Programming Expenses _____
- 115. Franchise Fees _____
- 116. Copyright Fees _____
- 117. Interest Expense _____
- 118. Depreciation _____

150 CSR 26

119. Amortization	_____
120. Federal Taxes	_____
121. State Taxes	_____
122. Local Taxes	_____
123. All Other Expenses	_____
124. TOTAL EXPENSES & TAXES	_____
125. NET PROFIT (LOSS)	_____
TANGIBLE PROPERTY OWNED (AT COST)	
126. Land & Buildings	_____
127. Leasehold Improvements	_____
128. Tower & Headend	_____
129. Trunk & Feeder	_____
130. Subscriber Devices	_____
131. Local Origination Equipment	_____
132. Test & Vehicle Maintenance Equipment	_____
133. Vehicles	_____
134. Other Tangible Property	_____
135. TOTAL TANGIBLE PROPERTY	_____

**Schedule N
Legal Status**

136. Is your company currently involved in any litigation involving the validity of your franchise, or any other legal proceeding that could hinder your ability to operate this system? If so, explain in the space below.

**Schedule O
Certification**

I certify that, to the best of my knowledge, the information supplied on this form is true and correct.

Authorized Signature	Date
Print or Type Name and Title of Person Signing This Form	