

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.) \$ \_\_\_\_\_

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**Schedule C**

**Physical System Information**

20. Total System Subscribers			_____
21. Total Franchise Area Subscribers			_____
22. Total MSO Subscribers			_____
23. Total System Homes Passed			_____
24. Total Franchise Area Homes Passed			_____
25. Total System Plant Miles	Overhead		_____ U/G _____
26. Total Franchise Area Plant Miles	Overhead		_____ U/G _____
27. Total System Miles Fiber Optics			_____
28. Present Channel Capacity	#Channels		_____ MHZ _____
29. Number of Active Channels			_____
30. Two Way Capability			_____ Active? _____
31. Date System Began Operation			_____
32. If Upgrade Planned Enter Start Date			_____
33. Planned Channel Capacity	#Channels		_____ MHZ _____

**Schedule D**

**Service Area Information**

List the name of each town or place served by this system within this franchise area. Place the FCC CUID beside each place name where appropriate.

34. \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**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 \_\_\_\_\_

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- 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:  
\_\_\_\_\_  
\_\_\_\_\_

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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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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 \_\_\_\_\_

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**Schedule K  
Cable Programming Service Tiers For This Franchise Area**

91. Complete the table below for each cable programming service tier.

<b>Description/Tier Name</b>	<b>Rate</b>	<b># Chan</b>	<b># Subs</b>

**ATTACH A COMPLETE CHANNEL LINEUP TO THE BACK OF THIS FORM!**

92. Total Channels on Tiers Subject to Regulation \_\_\_\_\_

93. Total Satellite Channels on Tiers Subject to Regulation \_\_\_\_\_

94. Total Non-Broadcast Channels on Tiers Subject to Regulation \_\_\_\_\_

**Schedule L  
Other Charges**

95. Complete the table below for each pay per channel service offered.

<b>Description/Service Name</b>	<b>Rate</b>	<b># Subs</b>

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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 \_\_\_\_\_

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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	