

Reporting Year: _____

COCOT ANNUAL SERVICE REPORT

Number of Payphones Operated and Revenues Earned within the State of Louisiana

For the Louisiana Public Service Commission

Company Name: _____

Company Address: _____

City, State, Zip: _____

Contact Person: _____ **Phone:** _____

Check here if any information has changed from previous years.

1. Please provide the following financial information on the payphones operated:

Total Payphone Revenues: _____

Total Payphone Expenses: _____

Profit/Loss for year: _____

2. Number of payphones operated: _____

3. Please attach to this form the location and number of each payphone operated.

INSTRUCTIONS FOR ANSWERING QUESTIONS

There should appear on this page entries or notations sufficient to show that no questions or time has been overlooked. The word "none" may be used wherever applicable. If returns are not made as required, a brief statement of the reason for the variation or omission should be given.

Exact name of the Company

Date of Organization

State whether respondent is a corporation, a joint-stock association, a firm or partnership, or a sole proprietorship

RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER/GOV'T	TOTAL

Number of customers/connections at the end of the calendar year

Give the names and post office addresses of the various officers as referenced below. If there are receivers, trustees, committees, or other officers not provided for in the list, who are recognized as in the controlling management of the company or of some department of it, provide their names and titles and the location of their offices. If the company is not incorporated, list the names and addresses of all owners, the extent or percentage of ownership of each, and write the words "not Incorporated" in the spaces below.

COMPANY NAME, DBA	
PRINCIPAL OFFICE ADDRESS	
PRINCIPAL OFFICE TELEPHONE, FAX & EMAIL	
BUSINESS ENTITY TYPE	
WEBSITE	

CONTACTS / PRINCIPAL OFFICERS / BOARD MEMBERS

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL

INDIVIDUAL TO WHOM CORRESPONDENCE CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL

AFFIDAVIT

State of _____

County/Parish of _____

I, _____, _____ for _____
(Name of Affiant) (Title of Affiant) (Title or Name of Respondent)

attest that it is my duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept. I know that such books have, during the period covered by the foregoing report, been kept in good faith. I carefully examined the said report and to the best of my knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith. I believe that all other statements of fact contained in the said report are true; and that the said report is a correct and complete statement of the business and affairs of the above named respondents during the period of time.

(Signature of Affiant)

Subscribed and sworn to before me a Notary Public, in and for the State and County/Parish above named, this _____, day of _____, 20_____.

My commission expires _____

(Signature of Notary Public)