

ARIZONA CORPORATION COMMISSION

UTILITY ANNUAL REPORT FOR

CUSTOMER OWNED PAY TELEPHONE PROVIDER (COPT)

(ANNUAL REPORT MAILING DATA - PLEASE COMPLETE/ CHANGE, IF NECESSARY)

FOR YEAR ENDING

12	31	2019
MONTH	DAY	YEAR

REPORT DUE: FEBRUARY 1, 2020

**SEND TO: ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION - ANNUAL REPORTS
1200 WEST WASHINGTON STREET - SUITE 206
PHOENIX, ARIZONA 85007**

Are you providing pay telephone service at this time? Yes No

If no, Explain: _____

OWNERSHIP OF PAY TELEPHONE COMPANY:

- Sole Ownership (S)
- Partnership (P)
- C Corporation (C)
- Subchapter S Corporation (Z)
- Bankruptcy (B)
- Receivership (R)
- Association/Co-op (A)
- Other (X)

State in which Incorporated (if Other, Please Specify)

- Arizona
- Other _____

Processed by: For Commission use only:

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 Scanned:

Please click here if pre-printed Company name on this form is not your current Company name or dba name is not included.

Please list current Company name including dba here:

Docket No.

Year Ending 12/31/2019

Company Name:

COUNTIES SERVED:

STATEWIDE

Greenlee

Pima

Apache

La Paz

Pinal

Cochise

Maricopa

Santa Cruz

Coconino

Mohave

Yavapai

Gila

Navajo

Yuma

Graham

Local Office Tel. No. _____
(Include Area Code/Ext.)

After Hrs./Emerg. No. _____
(Include Area Code/Ext.)

Management Contact

(Name)

(Street)

(City, State & Zip) (Area Code & Tel. No./Ext.)

(Email Address)

Attorney

(Name)

(Street)

(City, State & Zip) (Area Code & Tel. No./Ext.)

(Email Address)

Please mark this box if the above address(es) have changed or are updated since the last filing.

Docket No.

Year Ending 12/31/2019

Company Name:

PAY TELEPHONE LOCATIONS: (If prison, give name and location of prison)

Attach a list of, or describe below, the pay telephone locations using the following minimum information:

Address	City	Type of Establishment

VERIFICATION AND SWORN STATEMENT

VERIFICATION

STATE OF _____
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	
NAME (OWNER OR OFFICIAL)	TITLE
COMPANY NAME	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE YEAR ENDING

MONTH 12	DAY 31	YEAR 2019
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HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE CUSTOMER OWNED PAY TELEPHONE OPERATIONS DURING

CALENDAR YEAR **2019**

WAS (\$ ONLY)*

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ _____ IN SALES TAX MONIES BILLED OR COLLECTED.)

*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAX MONIES BILLED OR COLLECTED.

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME
A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS DAY OF

NOTARY PUBLIC NAME	
COUNTY NAME	
MONTH	20__

(SEAL)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES