

**ARIZONA CORPORATION COMMISSION**

**UTILITY ANNUAL REPORT FOR**

**CUSTOMER OWNED PAY TELEPHONE PROVIDER (COPT)**

(ANNUAL REPORT MAILING LABEL - PLEASE MAKE CHANGES AS NECESSARY)

**FOR YEAR ENDING**

12	31	2020
MONTH	DAY	YEAR

**REPORT DUE: *FEBRUARY 1, 2021***

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

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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:

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Docket No.

Year Ending 12/31/2020

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.



# 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 <b>12</b>	DAY <b>31</b>	YEAR <b>2020</b>
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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 **2020**

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