

This report is mandatory under Section 16-27 or 16-29 of the Connecticut General Statutes. Failure to file this report on time may make the respondent liable to the penalties as provided by SEC. 16-27 C.G.S.. The Public Utilities Regulatory Authority deems this report to be Public information.

ANNUAL REPORT

OF THE

(Name of Respondent)

(Address of Respondent)

TO THE

Public Utilities Regulatory Authority

OF THE STATE OF CONNECTICUT

FOR THE

YEAR ENDED DECEMBER 31, 20

Municipalities Only

Year Ended June 30, 20

Name, title, and address of officer or other person to whom should be addressed any communication concerning this report:	
	Tel. No.
SR-1 REV. 11/28/00	

Annual Report of

IDENTITY OF RESPONDENT

1. Exact name of respondent _____

2. If name of respondent was changed during year, give particulars of change and date change became effective _____

3. Address of principal business office at end of year _____

4. Name and title of Officer having custody of the general corporate books of account and address of office where the general corporate books are kept _____

5. Name of State under the laws of which respondent is incorporated and date of incorporation. If incorporated under a special law, give reference to such law and amendments thereto _____

6. If respondent is not incorporated, give the type of organization and date organized _____

7. If at any time during the year the property of respondent was held by a receiver or trustee, give (a) name of receiver or trustee, (b) date such receiver or trustee took possession, (c) the authority by which the receivership or trusteeship was created, and (d) date when possession by receiver or trustee ceased _____

8. If a consolidated company, name the constituent companies and give references to charter of each with amendments and additions thereto _____

9. The following are listed as the persons established as the cable television advisory council, pursuant to the Regulations of Connecticut State Agencies, Section 16-333-24.

Name	Address

If insufficient space for details, attach typewritten statement.

Report for the year ended December 31, 20 (or June 30, 20)

OFFICERS

Report below officers at end of year. If there were any changes during year show title, name and address or previous officer and date of change.

Line No.	OFFICIAL TITLE (a)	NAME AND PRINCIPAL BUSINESS ADDRESS (b)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20	:	
21		

DIRECTORS

1. Report below directors at end of year. If there were any changes during year, show name and address of previous director and date of change.

2. Designate by an asterisk names of members of the executive committee.

Line No.	NAMES OF DIRECTOR (a)	PRINCIPAL BUSINESS ADDRESS (b)	TERM BEGAN (c)	TERM EXPIRES (d)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

21				
1. State number of meetings of Board of Directors held during year				
2. State number of directors required to constitute a quorum				
3. State total amount of directors' fees paid during year		\$		

Annual Report of

CORPORATE CONTROL OVER RESPONDENT

1. Did any corporation, business trust, or similar organization, hold control over the respondent at the close of the year?

2. If control was so held, state:

(a) The form of control, whether sole or joint _____

(b) The name of the controlling corporation or organization _____

(c) The manner in which control was held _____

(d) The extent of control _____

(e) Whether control was direct or indirect _____

(f) The name or names of the intermediary or intermediaries through which control, if indirect, was held (see note)

3. If any individual, association or corporation held control, as trustee, over the respondent, give the information called for below:

(a) The name of the trustee _____

(b) The name of the beneficiary or beneficiaries for whom the trust was maintained _____

(c) The purpose of the trust _____

4. Give particulars as to any change during the year in the corporate control over the respondent _____

NOTE - In cases where control of the respondent was in a holding company organization, submit a statement showing the chain of ownership or control to the main parent company or organization.

Report for the Year ended December 31, 20 (or June 30, 20)

SECURITY HOLDERS AND VOTING POWERS

1. (A) Give the names and addresses of the 20 security holders of respondent who, at the date of the latest closing of the stock book or compilation of list of stockholders of the respondent, prior to the end of the year, had the highest voting powers in the respondent, and state the number of votes which each would have had a right to cast on that date if meeting were then in order. If any such holder held in trust, give in a footnote the known particulars of the trust. If the stock book was not closed or a list of stockholders not compiled within 1 year prior to the end of the year, or if since the previous compilation of a list of stockholders, some other class of security has been vested with voting rights, then show such 20 security holders as of the close of the year. Arrange the names of security holders in the order of voting power, commencing with the highest. Show in column (a) the title of officers and directors included in such list of 20 security holders.

(B) Give also the voting powers resulting from ownership of securities of the respondent of each officer and director not included in the list of 20 largest security holders.

2. Give the date of the latest closing of the stock book prior to end of year, and state the purpose of such closing

Line No.	NAME OF SECURITY HOLDER (a)	ADDRESS OF SECURITY HOLDER (b)	Total number of votes (c)	Common stock (d)	NUMBER OF VOTES	
					Preferred stock (e)	Other securities with voting power (f)
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	TOTAL VOTES REPRESENTED BY ABOVE					

3. Show below the total number of security holders, and total number of votes entitled to be cast for each series and class of security vested with voting rights as of the date for which the foregoing list of security holders is furnished

4. If voting rights are attached to any securities other than stock, name in a supplemental statement each such security to which voting rights are attached and state the relation between holdings and corresponding voting rights, whether voting rights are actual or contingent, and if contingent describe the contingency

5. If any class or issue of securities has any special privileges in the election of directors, trustees, or managers, or in the termination of corporate action by any method, describe fully in a footnote or supplemental page each such class or issue and give a succinct statement showing clearly the character and extent of such privileges _____

6. State the total number of votes cast at the latest general meeting prior to end of year for the election of directors of the respondent and number of such votes cast by proxy _____

7. Give the date and place of such meeting _____

Report for the Year ended December 31, 20

MILEAGE OF OUTSIDE PLANT		CHANNELS PROVIDED SUBSCRIBERS		
1. Report the mileage at the end of the year for all solely owned plant and the respondent's proportionate interest in jointly owned plant. 2. If any required data are available only in part or on an estimated basis, explain in a note.		Call Letters (f)	Cable Channel (g)	Affiliation (h)

AERIAL
 CABLE UNDERGROUND CABLE TOTAL
 CABLE TOTAL
 See attached.
 See attached.
 See attached.
 Line
 No.
 Town

- (a) Miles of Trunk Cable
- (b) Miles of Feeder Cable
- (c) Miles of Trunk Cable
- (d) Miles of Feeder Cable
- (e) Miles of Trunk Cable
- (f) Miles of Feeder Cable
- (g) Miles

of Cable
 (h) 1234567891011121314151617 Total STATISTICS

NUMBER IN SERVICE
 Line No.
 Owned by Respondent
 (a) At Beginning of Year
 (b) Added During Year
 (c) Removed During Year
 (d) At End of Year

(e) 1 Amplifiers 2 Converters 3 Power Supplies 4 Services

HOURS OF LOCAL ORIGINATION (Other than automated programs)				
Line	Average	Total per	Most active month	
	No. per Month	Year	Month	Hours 1 Local Origination 2 Access Programming

Annual Report of

MUNICIPALITIES SUPPLIED

1. Show below the data indicated for each municipality within the franchise.

Line No.	Name (a)	Total Homes in franchised area (b)	Number of Homes passed (c)	Number of Homes served (d)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56		TOTAL		

Report for the Year Ended December 31, 20

NOTE: THIS AFFIDAVIT MUST BE NOTARIZED

State of)	
County of) ss.	

We, the undersigned			
an d		of	

on our

oath do severally say that the foregoing return has been prepared, under our direction, from the original books, papers and records of the respondent, that we have carefully examined the same, and declare the same to be a complete and correct statement of the business and affairs of the above named respondent in respect to each and every matter and thing therein set forth, and we further say that the accounts and figures contained in the foregoing return embrace all of the financial operations of the respondent during the period for which said return is made to the best of our knowledge, information and belief.

	Chief Executive Officer	

	Chief Executive Officer	
--	-------------------------	--

Subscribed and sworn to before me this		day of
--	--	--------

_____ A.D. 20 _____

*NOTE: Sec. 16-27 states in part, "... Such reports shall be signed and sworn to by the chief executive officer, president or vice president and chief financial officer, treasurer or assistant treasurer or by a majority of the trustees or receivers making the same..."

Reports of Municipalities must be signed and sworn to by the General Superintendent and by such other person or persons as may be delegated so to do by the municipality.

Financial Report for the Year Ended December 31, 20__

(Exact name of Respondent)

Company Regulatory contact person: _____

Company 800# for customer complaints/billing inquiries: _____

Company Phone number for regulatory contact person: _____

Company FAX number for regulatory contact person: _____

Federal Employer Identification Number: _____

Total Connecticut intrastate revenues \$ _____