

2020

**SUPPLEMENTAL SCHEDULE TO FORM 571-L
 FOR
 CABLE TELEVISION INDUSTRY**

2020

NAME: _____ COMPANY NO. _____
 LOCATION OF PROPERTY: _____

SCHEDULE C - COST DETAIL:

LINE #	CALENDAR YEAR OF ACQUISITION	(1) Distribution System, Pole Rearrangements 10/100		(2) Headend 8/100		(3) Program Origination 8/0		(4) Converters 6 UNT/0		(5) Switches and Routers PP TYPE 26	
		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY
1	2019										
2	2018										
3	2017										
4	2016										
5	2015										
6	2014										
7	2013										
8	2012										
9	2011										
10	2010										
11	2009										
12	2008										
13	2007										
14	2006										
15	2005										
16	2004										
17	2003										
18	Prior										
19	Total										

SCHEDULE D - TAPE STOCK INVENTORY

NEW RAW TAPES						
	Description	Size	Run Length	No. of Units	Cost/Unit	Total Cost
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
<i>(Attach additional schedules as necessary.)</i>						
30	Total					

31 Add totals on lines 19 and 30 and any additional schedules.
 Enter here and on line 6, Part II, page (P1) of Form 571-L.

		# of Tapes	ASSESSOR'S USE ONLY
32	USED VIDEO TAPES		
33	Full Cash Value		

34 If property is reported on line 32, enter "Used Videotapes" on line 7, Part II, page (P1) of Form 571-L.

PLEASE COMPLETE STATEMENT ON REVERSE SIDE

**SCHEDULE E - GENERAL INFORMATION
(COMPLETE FOR EACH FRANCHISE AREA)**

FRANCHISE AREA: _____
 PUBLIC AGENCY GRANTING FRANCHISE: _____
 ORDINANCE NO.: _____
 AMENDING ORDINANCE NO.: _____
 FRANCHISE PERIOD: RENEWAL REQUIREMENTS: _____
 FRANCHISE FEE% CHARGED BY PUBLIC AGENCY: _____
 PROXIMITY TO NON-FRANCHISED AREAS: _____

 PROXIMITY TO OTHER CATV SYSTEMS: _____

 TOTAL MILES IN PLANT: _____
 MILES AERIAL: _____
 MILES UNDERGROUND: _____
 TOTAL AERIAL MILES CONSTRUCTED / ACTIVATED: _____
 TOTAL UNDERGROUND MILES CONSTRUCTED / ACTIVATED: _____
 DATE OF COMPLETION OF SYSTEM: _____
 IF NOT COMPLETE, ESTIMATED DATE OF COMPLETION: _____
 COMPANY'S ESTIMATE OF USEABLE LIFE: _____
 DWELLING UNITS IN THE AREA: _____
 DWELLING UNITS PASSED: _____
 TOTAL NUMBER OF BASIC SUBSCRIBERS: _____
 BASIC MONTHLY RATE: _____
 TOTAL NUMBER OF PREMIUM SUBSCRIBERS: _____
 PREMIUM MONTHLY RATE: _____
 CHANNEL CAPACITY OF SYSTEM: _____
 TOTAL GROSS RECEIPTS: _____
 % OF GROSS RECEIPTS NOT COLLECTED (BAD DEBTS): _____
 QUALITY OF BROADCAST TV IN AREA: _____
 TERRAIN (RE: DIFFICULTY IN CONSTRUCTION OF THE SYSTEM): _____
 BRIEF DESCRIPTION OF THE PLANT TECHNOLOGY: _____

SCHEDULE F - HOUSE DROPS

DO YOU OWN THE OUTSIDE HOUSE DROPS? YES NO

12/100

Number of Drops	Year Installed	Inside Costs	Outside Costs	Assessor's Use Only
	Total			

For Assessor's Use Only: