

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.