

FCC FORM 1200
SETTING MAXIMUM INITIAL PERMITTED RATES FOR REGULATED CABLE SERVICES
PURSUANT TO RULES ADOPTED FEBRUARY 22, 1994
"FIRST-TIME FILERS FORM"

Community Unit Identifier (CUID) of cable system	Date of Form Submission	
Name of Cable Operator		
Mailing Address of Cable Operator		
City	State	ZIP Code
Name and Title of person completing this form:		
Telephone number	Fax Number	

Name of Local Franchising Authority		
Mailing Address of Local Franchising Authority		
City	State	ZIP Code

1. Place an "x" in the appropriate box:

A. Is this form being filed for the first time anywhere? YES NO

B. If you answered "no" to 1A., is this an exact copy of the FCC form 1200 submitted elsewhere? YES NO

C. If you answered "yes" to 1B., enter the date on which the FCC form in 1B. was filed. (mm/dd/yy)

2. Enter the date of the rates you are seeking to justify with this filing: (mm/dd/yy)

3. Indicate which of the following forms are attached by placing an "x" in the appropriate box(es):

FCC Form 1205 "Equipment Form" completed for the fiscal year closing: (mm/dd/yy)

FCC Form 1205 "Equipment Form" completed for the fiscal year closing: (mm/dd/yy)

FCC Form 1210, "Update Form" covering the period from: to

FCC Form 1215, "A la Carte Offerings".

MODULE A: CALCULATING YOUR MONTHLY REGULATED REVENUES PER SUBSCRIBER AS OF MARCH 31, 1994				
Line	Line Description	a Basic	b Tier 2	c Tier 3
A1	Channels per Tier as of 3/31/94			
A2	Subscribers per Tier as of 3/31/94			
A3	Subscriber-Channels per Tier [A1x A2]	0	0	0
A4	Sum of Subscriber-Channels [sum A3 col. a-e]	0		
A5	Percentage of Sub.-Channels per Tier [A3/A4]	0	0	0
A6	Monthly Charge per Tier as of 3/31/94			
A7	Subscriber Revenue per Tier [A2x A6]	\$0.00	\$0.00	\$0.00
A8	Total Subscriber Revenue [sum A7 col. a-e]	\$0.00		
A9	Total Equipment Revenue as of 3/31/94			
A10	Any Franchise Fees included in A8 or A9			
A11	Total Regulated Revenue [A8+A9-A10]	\$0.00		
A12	Total Regulated Revenue per Sub. [A11/A2 col. a]	\$0.00		

Have you already adjusted your current cable programming services rates to reflect permitted external costs that occurred before March 31, 1994?



If you indicated your March 31, 1994 CPS rates included all allowable external costs, an "X" will appear in the box to the left.

MODULE B: ADJUSTMENTS FOR CERTAIN EXTERNAL COSTS THROUGH MARCH 31, 1994				
Line	Line Description	a Basic	b Tier 2	c Tier 3
<i>Beginning Date External Cost Data</i>				
B1	Enter Beginning Date (mm/dd/yy) [See Instructions]			
B2	Programming Cost per Tier on Beginning Date			
B3	Taxes per Tier on Beginning Date			
B4	Franchise Related Costs per Tier on Beginning Date			
B5	Total External Costs per Tier [B2+B3+B4]	\$0.00	\$0.00	\$0.00
B6	Subscribers per Tier on Beginning Date			
B7	Avg. Ext. per Sub. per Tier on Beginning Date [B5/B6]	\$0.00	\$0.00	\$0.00
<i>March 31, 1994 External Cost Data</i>				
B8	Programming Costs per Tier on 3/31/94			
B9	Taxes per tier on 3/31/94			
B10	Franchise Related Costs per Tier on 3/31/94			
B11	Total External Costs per Tier [B8+B9+B10]	\$0.00	\$0.00	\$0.00
B12	Subscribers per Tier on 3/31/94 [A2]	0	0	0
B13	Avg. Ext. Costs per Sub. per Tier on 3/31/94	\$0.00	\$0.00	\$0.00
<i>Change in External Costs</i>				
B14	Net External Costs per Sub per Tier [B13-B7]	\$0.00	\$0.00	\$0.00
B15	Net External Costs per Tier [B12 x B14]	\$0.00	\$0.00	\$0.00
B16	Total Net External Costs [sum B15 col. a-e]	\$0.00		
B17	Avg. Change in Ext. Costs per Sub. [B16/B12 col. a]	\$0.00		
B18	Current Rate without External Costs [A12]	\$0.00		
B19	Current Rate with External Costs [B17+B18]	\$0.00		

Do you qualify as a "Small Operator"?

If you indicated you qualify as a "Small Operator" an "X" will appear in the box to the left, then skip Module C.

MODULE C: CALCULATING YOUR BENCHMARK USING MARCH 31, 1994 DATA				
Line	Line Description	a Basic	b Tier 2	c Tier 3
C1	Channels per Tier as of 3/31/94 [A1]	0	0	0
C2	Number of Regulated Non-Broadcast Channels per Tier			
C3	Subscribers per Tier as of 3/31/94 [A2]	0	0	0
C4	Number of Tier Changes in Fiscal Year 93			
C5	Census Income Level			
C6	Number of Additional Outlets in Fiscal Year 93			
C7	Number of Remotes Rented in Fiscal Year 93			
C8	Number of System Subscribers			
C9a	Were you part of an MSO on 3/31/94? (1=Y, 0=N)			
C9b	Number of Systems in your MSO as of 3/31/94			
C10	Benchmark Rate	#DIV/0!		

COMPARISON OF MARCH 31, 1994 RATE WITH BENCHMARK RATE	
If B19 (your 3/31/94 rate adjusted for external changes) is larger than C10 (your benchmark rate), skip Module D, and complete Module E. If C10 (your benchmark rate) is larger than B19 (your 3/31/94 rate adjusted for external changes), complete Module D, and skip Module E.	
#DIV/0!	
#DIV/0!	

MODULE D: RESTRUCTURED MARCH 31, 1994 RATES				TO BE COMPLETED	
Line	Line Description	a Basic	b Tier 2	c Tier 3	
D1	Total Regulated Revenue per Sub. [line A12]	#DIV/0!			
D2	Monthly Equipment Cost per Sub. [From Form 1205]				
D3	Monthly Service Revenue per Sub. [D1-D2]	#DIV/0!			
D4	Number of Subscribers per Tier as of 3/31/94 [A2]	#DIV/0!	#DIV/0!	#DIV/0!	
D5	Total Regulated Service Revenue [D3 x D4, col. a]	#DIV/0!			
D6	Percentage of Subscriber-Channels per Tier[A5]	#DIV/0!	#DIV/0!	#DIV/0!	
D7	Regulated Revenue per Tier [D5 x D6, col. a-e]	#DIV/0!	#DIV/0!	#DIV/0!	
D8	Regulated Revenue per Tier per Sub. [D7/D4]	#DIV/0!	#DIV/0!	#DIV/0!	
D9	Net External Cost per Tier per Sub. [B14]	#DIV/0!	#DIV/0!	#DIV/0!	
D10	Restructured 3/31/94 Rates [D8 + D9]	#DIV/0!	#DIV/0!	#DIV/0!	

If you completed Module D, go to Module F, and enter Line D10, columns a-e, on Line F1.

MODULE E: RESTRUCTURED BENCHMARK RATES				TO BE COMPLETED	
Line	Line Description	a Basic	b Tier 2	c Tier 3	
E1	Benchmark Rate [C10]	#DIV/0!			
E2	Monthly Equipment Cost per Sub. [From Form 1205]				
E3	Benchmark Rate minus Equipment Cost [E1 - E2]	#DIV/0!			
E4	Number of Subscribers per Tier as of 3/31/94 [A2]	#DIV/0!	#DIV/0!	#DIV/0!	
E5	Total Regulated Service Revenue [E3xE4, col. a]	#DIV/0!			
E6	Percentage of Subscriber-Channels per Tier [A5]	#DIV/0!	#DIV/0!	#DIV/0!	
E7	Regulated Revenue per Tier [E5xE6, col. a-e]	#DIV/0!	#DIV/0!	#DIV/0!	
E8	Regulated Revenue per Tier per Sub. [E7/E4]	#DIV/0!	#DIV/0!	#DIV/0!	

If you completed Module E, go to Module F and enter Line E8, columns a-e, on Line F1.

MODULE F: PROVISIONAL RATE				
Line	Line Description	a Basic	b Tier 2	c Tier 3
F1	Provisional Rate per Tier	#DIV/0!	#DIV/0!	#DIV/0!

MODULE G: CALCULATING YOUR FULL REDUCTION RATE USING SEPTEMBER 30, 1992 DATA			
Line	Line Description	a Basic	b Tier 2
G1	Subscribers per Tier as of 9/30/92		
G2	Monthly Charge per Tier as of 9/30/92		
G3	Subscriber Revenue per tier [G1 x G2]	\$0.00	\$0.00
G4	Total Subscriber Revenue [sum G3, col. a-e]	\$0.00	
G5	Total Equipment Revenue as of 9/30/92		
G6	Any Franchise Fees included in G4 or G5 above		
G7	Total Regulated Revenue [G4+G5-G6]	\$0.00	
G8	Avg. Regulated Revenue per Sub. [G7/G1, col. a]	\$0.00	
G9	Adjusted for 17% Competitive Diff. [G8 x .83]	\$0.00	
G10	Avg. Reg. Rev. with Inflation to 9/30/93 [G9 x 1.03]	\$0.00	

MODULE H: ADJUSTMENTS FOR CHANNEL CHANGES FROM SEPTEMBER 30, 1992 TO THE EARLIER OF THE DATE OF INITIAL REGULATION OR FEBRUARY 28, 1994			
Line	Line Description	a Basic	b Tier 2
<i>September 30, 1992 Data</i>			
H1	Total Regulated Channels 9/30/92		
H2	Subscribers to the System as of 9/30/92		
H3	Total Regulated Satellite Channels as of 9/30/92		
<i>Data from the Earlier of the Date of Initial Regulation or February 28, 1994</i>			
H4	Enter the Start Date [See Instructions]:		
H5	Total Regulated Channels		
H6	Subscribers to the System		
H7	Total System Regulated Satellite Channels		
<i>Adjustment for Channel Changes</i>			
H8	Adjustment Factor from Benchmark Formula	#DIV/0!	
H9	Gross Full Reduction Rate [G10 x H8]	#DIV/0!	

MODULE I: RESTRUCTURED FULL REDUCTION RATE				
Line	Line Description	a Basic	b Tier 2	c Tier 3
I1	Gross Full Reduction Rate [H9]	#DIV/0!		
I2	Monthly Equip. Cost per Sub. [From Form 1205]			
I3	Full Reduction Rate [I1-I2]	#DIV/0!		
I4	Subscribers per Tier as of 3/31/94 [A2]	0	0	0
I5	Regulated Revenue [I3 x I4, col. a]	#DIV/0!		
I6	Percentage of Subscriber-Channels [A5]	0	0	0
I7	Regulated Revenue per Tier [I5 x I6 col. a-e]	#DIV/0!	#DIV/0!	#DIV/0!
I8	Regulated Revenue per Tier per Sub. [I7/I4, col. a-e]	\$0.00	\$0.00	\$0.00
<i>Data from the Earlier of the Date of Initial Regulation or February 28, 1994</i>				
I9	Enter Start Date (mm/dd/yy) [see instructions]			
I10	Programming Cost per Tier at Start Date			
I11	Taxes per Tier at Start Date			
I12	Franchise Related Costs per Tier at Start Date			
I13	Total External Costs per Tier [I10+I11+I12]	\$0.00	\$0.00	\$0.00
I14	Subscribers per Tier at Start Date			
I15	Avg Ext Costs per Sub per Tier at Start Date [I13/I14]	\$0.00	\$0.00	\$0.00
<i>Change in External Costs</i>				
I16	Avg. Ext. Costs per Sub. per Tier as of 3/31/94 [B13]	\$0.00	\$0.00	\$0.00
I17	Net Externals per Tier per Subscriber [I16-I15]	\$0.00	\$0.00	\$0.00
I18	Full Reduction Rate + Externals [I8+I17]	\$0.00	\$0.00	\$0.00

MODULE J: COMPARISON OF PROVISIONAL RATE WITH FULL REDUCTION RATE				
Line	Line Description	a Basic	b Tier 2	c Tier 3
J1	Subscribers per Tier as of 3/31/94 [A2]	0	0	0
J2	Weighting Factor [J1 col. a-e / J1 col. a]	0	0	0
J3	Provisional Rate [F1]	#DIV/0!	#DIV/0!	#DIV/0!
J4	Weighted Provisional Rate [J2 x J3]	#DIV/0!	#DIV/0!	#DIV/0!
J5	Aggregate Provisional Rate [sum J4 col. a-e]	#DIV/0!		
J6	Full Reduction Rate [I18]	\$0.00	\$0.00	\$0.00
J7	Weighted Full Reduction Rate [J6 x J2]	\$0.00	\$0.00	\$0.00
J8	Aggregate Full Reduction Rate [sum J7 col a-e]	\$0.00		
COMPARE LINES J5 AND J8.				
If J5 is larger than J8, enter the amounts from Line J3 (your provisional rate) in Line K1 below.				
If J8 is larger than J5, enter the amounts from Line J6 (your full reduction rate) in Line K1 below.				

MODULE K: MAXIMUM PERMITTED RATES BY TIER				
K1	MAXIMUM PERMITTED RATES	#DIV/0!	#DIV/0!	#DIV/0!

Note 1: The maximum permitted rate figures do not include franchise fees. The amounts billed to your subscribers will be the sum of the appropriate permitted rate and any applicable franchise fee.

Note 2: The maximum permitted rate figures do not take into account any refund liability you may have. If you have previously been ordered by the Commission or your local franchising authority to make refunds to subscribers, you are not relieved of your obligation to make such refunds regardless of whether the permitted rate may be higher than the contested rate or your current rate.

CERTIFICATION STATEMENT

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify that the statements made in this form are true and correct to the best of my knowledge and belief, and are made in good faith.

Name of the Cable Operator	Signature
Date	Title

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 (mm/dd/yy)

d	e
Tier 4	Tier 5
0	0
0	0
\$0.00	\$0.00

d	e
Tier 4	Tier 5
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
0	0
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00

d	e
Tier 4	Tier 5
0	0
0	0

IF LINE B19 < C10	
d Tier 4	e Tier 5
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!

IF B19>C10	
d Tier 4	e Tier 5
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!

d Tier 4	e Tier 5
#DIV/0!	#DIV/0!

d		e	
Tier 4		Tier 5	
	\$0.00	\$0.00	

d		e	
Tier 4		Tier 5	

d	e
Tier 4	Tier 5
0	0
0	0
#DIV/0!	#DIV/0!
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00

d		e	
Tier 4		Tier 5	
0	0	0	0
0	0	0	0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

#DIV/0!	#DIV/0!
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