



CATV Inventory Submission Verification Form

Company code _____
 Company name _____
 Authorized company contact _____
 Telephone number _____ Fax number _____
 E-mail address _____

Paper reporting	
Forms submitted	Number of pages
RP 1.1 - Inventory Submission Verification	
RP 4.9 - Customer Connections Document	
RP 8.1 - Mass Inventory Document	
RP 8.2/8.3 - Average Cost per Mile Report	

Mechanized reporting		
Check method of reporting		
DVD or CD _____		
Floppy diskettes _____		
Other (<i>describe</i>) _____		
Format used (i.e., Excel, etc.) _____		
File name(s)	File type (4.9, 8.1, 8.2/8.3)	Number of records
1		
2		
3		
4		
5		
6		
7		

Signature _____ Title _____
 Name _____ Telephone _____
 Office address _____
 Date _____

E-mail to: ORPTS.Utility.Reports@tax.ny.gov **or fax to:** (518) 435-8631 with your inventory submission, **or mail to:** NYS Tax Department, ORPTS Valuation Services Bureau, W A Harriman Campus, Albany NY 12227