



## Public Utility Commission of Texas

Email: [hb1777@puc.state.tx.us](mailto:hb1777@puc.state.tx.us)

Web: <http://www.puc.state.tx.us>

### BASE AMOUNT FORM FOR CALCULATING

### MUNICIPAL TELECOMMUNICATION FRANCHISE COMPENSATION

PURSUANT TO Chapter 283 Local Government Code (HB 1777), AND SUBST. R. 26.463

Name of your Municipality: \_\_\_\_\_

PUC Support for Completing this Form:

1-512-936-7377

#### PURPOSE OF THIS FORM:

The purpose of this form is to gather information necessary to establish a uniform method for compensating municipalities for the use of public rights-of-way by certificated telecommunications providers (CTPs). The Public Utility Commission (PUC) will use this information to set rates for each municipality on a fee-per-line basis, as required by the Texas Legislature.

#### Important Notice:

*Failure to accurately and timely report this information may result in a delay in implementing your municipality's new franchise compensation rate. Further, for the duration of any delay, a municipality's base amount shall be assumed to be zero. Also a municipality shall not be eligible to recover past compensation it would have received under the new rates.*

**SECTION I: Contact Information.** *All municipalities must complete this Section*

a. Name of your municipality	_____
b. Contact Person who can answer questions about this form	_____
c. Contact's Title	_____
d. Contact's Address	_____
e. Contact's Phone 1	_____
f. Contact's Phone 2	_____
g. Contact's Email	_____
h. Contact's Fax number	_____

**[Proceed to SECTION II, Page 3]**

**SECTION II: Base Amount Options.** *All municipalities must complete this Section.*

Check only one box and proceed to the appropriate Section as directed.

- a. Check this box only if all three criteria apply:
  1. The municipality was in existence on January 12, 1999.
  2. The municipality had an effective franchise agreement or ordinance regarding compensation from CTPs on January 12, 1999.
  3. The municipality is located in a county with population of more than 25,000.

**[Proceed to Section III, Page 4]**

- b. Check this box if any one of the criteria apply:
  1. The municipality is located in a county with a population of 25,000 or less.
  2. The municipality did not have an effective franchise agreement or ordinance regarding compensation from CTPs on January 12, 1999.
  3. The municipality was not in existence on January 12, 1999.
  4. The municipality was incorporated prior to January 12, 1999 but received no compensation from CTPs for calendar year 1998 use of the public right-of-way.

**[Proceed to Section IV, Page 5]**

**Section III: Base Amount for Municipalities in Large Counties.**

*Only municipalities meeting all three criteria in Section II (a) may complete this section.  
These municipalities will be referred to as Section III municipalities.*

Use Schedule A, Schedule B and Schedule C (if necessary) to complete this section.

- a. Using Schedule A enter the value of “Base Amount without In-Kind Compensation.” \$ \_\_\_\_\_  
(Schedule A)
- b. Using Schedule B enter the “Value of In-Kind Compensation.” \$ \_\_\_\_\_  
(Schedule B)
- c. (a) + (b). This is your Total Base Amount for 1998. \$ \_\_\_\_\_  
(a) + (b)

**[STOP. You have calculated the Base amount to be reported to the PUC. Proceed to Section V, Page 8]**

**SECTION IV: Base Amount for Eligible Municipalities.**

*Only municipalities which met one of the criteria in Section II (b) complete this section.  
These municipalities will be referred to as Section IV municipalities.*

The Section IV municipalities, at the option of the governing body, have three options for calculating the Base Amount. Read the three options carefully and consider their impact before making your decision. Choose only one option, and proceed to the appropriate Section as directed.

**Option 1: Use statewide average rates to determine your Base Amount**

Refer to instructions on this method

	Yes	No
Do you want to choose Base Amount Option 1?	<input type="checkbox"/>	<input type="checkbox"/>

**[If you answered "No" Proceed to Option 2 on page 6]**

**[If you answered "Yes" continue with the rest of this page]**

a. Using Schedule A enter the value of "Base Amount without In-kind." \$ \_\_\_\_\_  
 (Will be used only for determining statewide average rates) (Schedule A)

**[STOP. You have calculated the Base amount to be reported to the PUC. Proceed to Section V, Page 8]**

**Section IV, Option 2:** *Only municipalities which met one of the criteria in Section II (b) may complete this section.*

The Section IV eligible municipalities, at the option of the governing body, have three options for calculating the Base Amount. This is the Second of the three options. Read this option carefully and consider its impact before making your decision.

**Option 2: Use Base Amount of another municipality**

Refer to instructions for further explanation of this method.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you want to choose Base Amount Option 2?

**[If you answered "No" Proceed to Option 3 on page 7]**

**[If you answered "Yes" continue filling the rest of this page]**

- (a) What is the name of the largest CTP for your municipality and the similarly-sized municipality. \_\_\_\_\_
- (b) State the name of similarly-sized municipality's whose Base Amount you are choosing. \_\_\_\_\_
- (c) State the name of the county for the similarly-sized municipality. \_\_\_\_\_
- (d) What county is your municipality in? \_\_\_\_\_
- (e) What is the Jan 1, 1999 population estimate of the similarly sized municipality? \_\_\_\_\_
- (f) What is the Jan 1, 1999 population estimate for your municipality? \_\_\_\_\_
- (g) What is the "Base Amount" of the similarly-sized municipality? \_\_\_\_\_
- (h) What is the "Base Amount" you choose for your municipality (less than or equal to (g))? \_\_\_\_\_

**[STOP. You have calculated your Base amount to be reported to the PUC. Proceed to Section V, Page 8]**

**Section IV, Option 3:** *Only municipalities which met one of the criteria in Section II (b) may complete this section.*

The Section IV eligible municipalities, at the option of the governing body, have three options for calculating the Base Amount. This is the third of the three options. If you answered NO to the other two options, you must choose Option 3.

**Option 3: Use 1998 Franchise Compensation to determine your Base Amount**

- a. Using Schedule A enter the value of “Base Amount without In-kind.” \$ \_\_\_\_\_  
 This is your 1998 Total Base Amount. (Schedule A)

**[STOP. You have calculated your Base amount to be reported to the PUC. Proceed to Section V, Page 8]**

**Section V:**

This form is attested to by an officer or authorized representative of the municipality under whose direction the report is prepared or other official in responsible charge of the entity. Information provided to the Public Utility Commission of Texas, in the forms and schedules listed below, is true and correct to the best of my knowledge.

(a) Base Amount form, (b) Schedule A, (c) Schedule B, (d) Schedule C, (e) Form for Allocating Base Amount and (f) Supporting documentation regarding fee-rate escalation provisions, In-Kind compensation, Litigation and other required materials.

**Certified by: (Signature)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Municipality/ Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**Comments: [Attach extra sheets if necessary]**

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