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DEC 3 2018



**LAW OFFICE OF ALAN D. MANDL  
90 GLEZEN LANE  
WAYLAND, MA 01778**

Mass. Dept. of  
Telecommunications & Cable

*Admitted in Massachusetts  
and Rhode Island*

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December 3, 2018

Shonda Green, Secretary  
Department of Telecommunications and Cable  
1000 Washington Street, Suite 820  
Boston, MA 021128-6500

Re: D.T.C. 17-7: Cox Communications- Town of Holland Basic Service, Equipment and  
Installation Rates

Dear Secretary Green:

Enclosed please find for filing in the above matter an original and three (3) copies of  
a revised Form 1240. The revised Form 1240 reflects changes in Module E as requested by  
Department Staff.

Please contact me if the Department has any questions regarding the enclosed filing.

Thank you for your assistance.

Sincerely yours,



Alan D. Mandl

Enclosures  
cc: Service List (by email)

**FCC FORM 1240**  
**UPDATING MAXIMUM PERMITTED RATES FOR REGULATED CABLE SERVICES**

DEC 3 2018

**Cable Operator:**

Name of Cable Operator <b>Cox Com Inc. d/b/a Cox Communications New England</b>		
Mailing Address of Cable Operator <b>9 J.P. Murphy Highway</b>		
City <b>West Warwick</b>	State <b>RI</b>	ZIP Code <b>02893-2381</b>

Mass. Dept. of  
Telecommunications & Cable

1. Does this filing involve a single franchise authority and a single community unit?

YES NO

X

If yes, complete the franchise authority information below  
and enter the associated CUID number here:

MA0321

YES NO

2. Does this filing involve a single franchise authority but multiple community units?

X

If yes, enter the associated CUIDs below and complete the franchise authority information at the bottom of this page:

3. Does this filing involve multiple franchise authorities?

If yes, attach a separate sheet for each franchise authority and include the following franchise authority information with  
its associated CUID(s):

**Franchise Authority Information:**

Name of Local Franchising Authority <b>Board of Selectmen</b>		
Mailing Address of Local Franchising Authority <b>27 Sturbridge Rd.</b>		
City <b>Holland</b>	State <b>MA</b>	ZIP Code <b>01521</b>
Telephone number	Fax Number	

4. For what purpose is this Form 1240 being filed? Please put an "X" in the appropriate box.

- a. Original Form 1240 for Basic Tier
- b. Amended Form 1240 for Basic Tier
- c. Original Form 1240 for CPS Tier
- d. Amended Form 1240 for CPS Tier

X

5. Indicate the one year time period for which you are setting rates (the Projected Period).

TO  
03/01/18 02/28/19 (mm/yy)

6. Indicate the time period for which you are performing a true-up.

TO  
01/01/16 10/31/17 (mm/yy)

7. Status of Previous Filing of FCC Form 1240 (enter an "x" in the appropriate box)

- a. Is this the first FCC Form 1240 filed in any jurisdiction?
- b. Has an FCC Form 1240 been filed previously with the FCC?

YES NO

X

X

If yes, enter the date of the most recent filing:

(mm/dd/yy)

YES NO

- c. Has an FCC Form 1240 been filed previously with the Franchising Authority?

X

If yes, enter the date of the most recent filing:

(mm/dd/yy)

01/27/16

D.T.C. # 17-7  
E.X.H. # 6  
DATE 12/3/18  
H.O. Rosalie Fazio-Eynullayeva

**8. Status of Previous Filing of FCC Form 1210 (enter an "x" in the appropriate box)**

a. Has an FCC Form 1210 been previously filed with the FCC?

YES	NO
	<b>X</b>

If yes, enter the date of the most recent filing:

	(mm/dd/yy)
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b. Has an FCC Form 1210 been previously filed with the Franchising Authority?

YES	NO
<b>X</b>	

If yes, enter the date of the most recent filing:

<b>11/25/98</b>	(mm/dd/yy)
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**9. Status of FCC Form 1200 Filing (enter an "x" in the appropriate box)**

a. Has an FCC Form 1200 been previously filed with the FCC?

YES	NO
	<b>X</b>

If yes, enter the date filed:

	(mm/dd/yy)
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b. Has an FCC Form 1200 been previously filed with the Franchising Authority?

YES	NO
<b>X</b>	

If yes, enter the date filed:

<b>07/28/95</b>	(mm/dd/yy)
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**10. Cable Programming Services Complaint Status (enter an "x" in the appropriate box)**

a. Is this form being filed in response to an FCC Form 329 complaint?

YES	NO
	<b>X</b>

If yes, enter the date of the complaint:

	(mm/dd/yy)
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**11. Is FCC Form 1205 Being Included With This Filing**

YES	NO
<b>X</b>	

**12. Selection of "Going Forward" Channel Addition Methodology (enter an "x" in the appropriate box)**

☒ Check here if you are using the original rules [MARKUP METHOD].

☐ Check here if you are using the new, alternative rules [CAPS METHOD].

If using the CAPS METHOD, have you elected to revise recovery for channels added during the period May 15, 1994 to Dec. 31, 1994?

YES	NO

**13. Headend Upgrade Methodology**

*\*NOTE: Operators must certify to the Commission their eligibility to use this upgrade methodology and attach an equipment list and depreciation schedule.*

☐ Check here if you are a qualifying small system using the streamlined headend upgrade methodology.

## Part I: Preliminary Information

### Module A: Maximum Permitted Rate From Previous Filing

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
A1	Current Maximum Permitted Rate	\$35.3352				

### Module B: Subscribership

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
B1	Average Subscribership For True-Up Period 1	956				
B2	Average Subscribership For True-Up Period 2	946				
B3	Estimated Average Subscribership For Projected Period	947				

### Module C: Inflation Information

Line	Line Description	
C1	Unclaimed Inflation: Operator Switching From 1210 To 1240	1.0000
C2	Unclaimed Inflation: Unregulated Operator Responding to Rate Complaint	1.0000
C3	Inflation Factor For True-Up Period 1 [Wks 1]	1.0155
C4	Inflation Factor For True-Up Period 2 [Wks 1]	1.0163
C5	Current FCC Inflation Factor	1.0196

### Module D: Calculating the Base Rate

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
D1	Current Headend Upgrade Segment					
D2	Current External Costs Segment	\$6.5103				
D3	Current Caps Method Segment					
D4	Current Markup Method Segment	\$0.0000				
D5	Current Channel Movement and Deletion Segment	(\$3.6404)				
D6	Current True-Up Segment	\$19.4761				
D7	Current Inflation Segment	\$0.1200				
D8	Base Rate [A1-D1-D2-D3-D4-D5-D6-D7]	\$12.8692				

### Part II: True-Up Period Module E: Timing Information

Line	Line Description		
E1	What Type of True-Up Is Being Performed? (Answer "1", "2", or "3". See Instructions for a description of these types.) If "1", go to Module I. If "2", answer E2 and E3. If "3", answer E2, E3, E4, and E5.		3
E2	Number of Months in the True-Up Period 1		12
E3	Number of Months between the end of True-Up Period 1 and the end of the most recent Projected Period		4
E4	Number of Months in True-Up Period 2 Eligible for Interest		4
E5	Number of Months True-Up Period 2 Ineligible for Interest		6

### Module F: Maximum Permitted Rate For True-Up Period 1

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
F1	Caps Method Segment For True-Up Period 1 [Wks 2]					
F2	Markup Method Segment For True-Up Period 1 [Wks 3]	\$0.0000				
F3	Chan Mvmnt Deletn Segment For True-Up Period 1 [Wks' 4/5]	(\$3.6404)				
F4	True-Up Period 1 Rate Eligible For Inflation [D8+F1+F2+F3]	\$9.2288				
F5	Inflation Segment for True-Up Period 1 [(F4*C3)-F4]	\$0.143				
F6	Headend Upgrade Segment For True-Up Period 1 [Wks 6]					
F7	External Costs Segment For True-Up Period 1 [Wks 7]	\$6.1296				
F8	True-Up Segment For True-Up Period 1	\$19.3476				
F9	Max Perm Rate for True-Up Period 1 [F4+F5+F6+F7+F8]	\$34.8491				

### Module G: Maximum Permitted Rate For True-Up Period 2

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
G1	Caps Method Segment For True-Up Period 2 [Wks 2]					
G2	Markup Method Segment For True-Up Period 2 [Wks 3]	\$0.0000				
G3	Chan Mvmnt Deletn Segment For True-Up Period 2 [Wks' 4/5]	(\$3.6404)				
G4	TU Period 2 Rate Eligible For Inflation [D8+F5+G1+G2+G3]	\$9.3719				
G5	Inflation Segment for True-Up Period 2 [(G4*C4)-G4]	\$0.1531				
G6	Headend Upgrade Segment For True-Up Period 2 [Wks 6]					
G7	External Costs Segment For True-Up Period 2 [Wks 7]	\$8.4118				
G8	True-Up Segment For True-Up Period 2	\$10.6684				
G9	Max Perm Rate for True-Up Period 2 [G4+G5+G6+G7+G8]	\$28.6051				

## Module H: True-Up Adjustment Calculation

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
<b>Adjustment For True-Up Period 1</b>						
H1	Revenue From Period 1	\$123,619.1433				
H2	Revenue From Max Permitted Rate for Period 1	\$399,753.69				
H3	True-Up Period 1 Adjustment [H2-H1]	\$276,134.54				
H4	Interest on Period 1 Adjustment	\$26,470.08				
<b>Adjustment For True-Up Period 2</b>						
H5	Revenue From Period 2 Eligible for Interest	\$42,022.464				
H6	Revenue From Max Perm Rate for Period 2 Eligible For Interest	\$108,195.7968				
H7	Period 2 Adjustment Eligible For Interest [H6-H5]	\$66,173.3328				
H8	Interest on Period 2 Adjustment (See instructions for formula)	\$1,240.75				
H9	Revenue From Period 2 Ineligible for Interest	\$63,033.696				
H10	Revenue From Max Perm Rate for Period 2 Ineligible for Interest	\$162,293.6953				
H11	Period 2 Adjustment Ineligible For Interest [H10-H9]	\$99,259.9993				
<b>Total True-Up Adjustment</b>						
H12	Previous Remaining True-Up Adjustment	\$0.0000				
H13	Total True-Up Adjustment [H3+H4+H7+H8+H11+H12]	\$469,278.71				
H14	Amount of True-Up Claimed For This Projected Period	\$15,000.00				
H15	Remaining True-Up Adjustment [H13-H14]	\$454,278.7089				

## Part III: Projected Period Module I: New Maximum Permitted Rate

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
I1	Caps Method Segment For Projected Period [Wks 2]					
I2	Markup Method Segment For Projected Period [Wks 3]	\$0.0000				
I3	Chan Mvmnt Deletn Segment For Projected Period [Wks 4/5]	(\$3.6404)				
I4	Proj. Period Rate Eligible For Inflation [D8+F5+G5+I1+I2+I3]	\$9.525				
I5	Inflation Segment for Projected Period [(I4*C5)-I4]	\$0.1867				
I6	Headend Upgrade Segment For Projected Period [Wks 6]					
I7	External Costs Segment For Projected Period [Wks 7]	\$8.9182				
I8	True-Up Segment For Projected Period	\$1.32				
I9	Max Permitted Rate for Projected Period [I4+I5+I6+I7+I8]	\$19.9498				
I10	Operator Selected Rate For Projected Period	\$19.50				

Note: 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, you are not relieved of your obligation to make such refunds even if the permitted rate is 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.

Signature <b>Sharman Urban</b>	Date 27-Nov-18
Name and Title of Person Completing this Form: Sharman Urban Director Enterprise Accounting	
Telephone number 404-269-5466	Fax Number 404-269-2171