

**TENNESSEE REGULATORY AUTHORITY**  
**2014-2015 INSPECTION FEE**  
**FOR CUSTOMER OWNED COIN (OR COINLESS) OPERATED TELEPHONES (COCOTS)**

COMPANY ID: **36481**

COMPANY NAME:

**Robert W. Ager, Inc**  
**P.O. Box 296**  
**Sparta, TN 38583**

Please calculate and submit to the TRA your company's appropriate COCOT inspection fee by July 1, 2015. Failure to submit the proper fees could result in the disconnection of your COCOTs.

1. Total number of COCOTs operated by your company as of July 1, 2014 \_\_\_\_\_
2. Total number of COCOT additions between July 1, 2014 and June 30, 2015 \_\_\_\_\_
3. Total number of COCOT deletions between July 1, 2014 and June 30, 2015 \_\_\_\_\_
4. Total COCOTs as of June 30, 2015  
(line 1 plus line 2, subtract line 3) \_\_\_\_\_
5. **Fee due (Total COCOTs shown on line 4 x \$10.00)** \$ \_\_\_\_\_  
If Line 4 is 0 and you wish to retain your authority, please send fee of \$10.00.

I, the undersigned owner, president, or officer of the above named COCOT provider, being first duly sworn, on oath, state the number of COCOTs operated by said company and the inspection fee computed therefrom are accurate.

NAME \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

FAX NO \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

If you are no longer in this business and would like to cancel your authority, please sign below.

**PLEASE CANCEL MY AUTHORITY TO OPERATE COCOTs IN TENNESSEE, AS I HAVE CLOSED THE TELECOM BUSINESS.**

*Robert W. Ager, Inc.*

Please return form with enclosed payment to:

Tennessee Regulatory Authority  
Attn: Chris Eaton  
502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, TN 37243  
Chris.Eaton@tn.gov