THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT				
	\$				
2/12/2020	ALLOCATION NUMBER				
211212020					

SA1-2 Short Form

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page li of the general instructions.

		A. I.					
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)						
Accounting	☐ January 1–June 30						
Period		(Year)		(Year)			
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62698						
	<u> </u>			stem's ID number assigned by the Licensing	Division. 02098		
	1	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:				
		City of Ketchikan			62698		
	2	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (II	DIFFERENT):			
	3	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 2970 Tongass Ave (Number, street, rural route, apartment, or sulte number) Ketchikan, AK, 99901 (City, town, state, zip)					
		<u>L</u>					
^	Instr	uctions: In line 1, give any business o	or trade names used to id	entify the business and operation of the system is different from the address give	em unless these names n in space B.		
System	1	ready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: KPU CommVision, KPUTEL					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
		CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First ▶	Ketc	hikan	AK				
Community							
			· · · · · · · · · · · · · · · · · · ·				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (Pil) requested on this form in order to process your statement of account. Pil is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing Pil, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the Pil requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				
City of Ketchikan			62698	Name
Instructions: List each separate community in FCC rules: "a separate and distinct commareas and including single, discrete unincorp of system identification hereafter known as to Note: Entities and properties such as hotels, apidentified city.	nunity or municipal enti porated areas)." 47 C.F.F he "first community." Pi	ity (Including unincorporated communities R. §76.5(dd). The first community that you it ease use it as the first community on <i>all fut</i>	within unincorporated st will serve as a form ure filings.	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
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Name LEGAL NAME OF CWNER OF CABLE SYSTEM:
City of Ketchikan 62698

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set," and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1, (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK	(1	BLOCK 2	!		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	1,696	\$16.27			
•Service to additional set(s)	1	\$0.00]	1	I
•FM radio (if separate rate)		<u>.</u>			
Motel, hotel		ļ			
Commercial					
Converter					
 Residential 		ļ			[
 Nonresidential 			[.		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$99.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$20.00 \$99.00 \$99.00	Basic Local Hotel/Motel Flex Essentials Enhanced Definitive	\$33.99 \$21.80 \$15.50 \$38.21 \$52.54 \$57.64 \$62.73

TOTAL O.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name
City of Ketchikan	62698	1441110

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement Program Log)—if the station
 was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KUBD	4	N	Ketchikan, AK
KING	5	N	Seattle, WA
KJUD	7	N	Juneau, AK
APT/CREATE TV	10	E	Boston, MA
ктоо	11	N	Juneau, AK
KJUD-FOX	9	N	Juneau, AK
PBS Alternate 36	76	E	Juneau, AK
KJUD-CW	3	N	Juneau, AK
CBC	129	N	Vancouver, BC
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G

Primary Transmitters: Television

								FORM SA1-2. PAGE 4.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Ketchikan 62698							62698
Primary Transmitters: Radio	Special Instr receivable if (the basis of m detailed inform Column 1: Column 2: Column 3: signal, indical Column 4:	ist every races whose sign uctions Core to it is carried to mation about Identify the State whether If the radio te this by plate Give the state whether If the radio te this by plate Give the state whether If the radio te this by plate Give the state whether If the radio te this by plate Give the state whether If the radio te this by plate Give the state whether If the radio te this by plate Give the state whether If the radio te this by plate I is the radio te this by plat	dio standle st	s: RADIO tion carried on a separate a ere generally receivable by ye ing All-Band FM Carriage: Use system whenever it is received at the headend, with the Copyright Office regulation gn of each station carried. I station is AM or FM. In signal was electronically particulated the si	our cable system Inder Copyrighted at the system's FN ins on this point processed by the statem.	em during that Office reguent's headen antenna, dunt, see page the cable system is license	e acc lation of; and uring of (iv) of stem a	ounting period. s, an FM signal is generally d (2) it can be expected, on certain stated intervals. For the general instructions. as a separate and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	KFMJ	FM	X	Ketchikan, AK				
	KGTW	FM -	х	Ketchikan, AK				
	KTKN	FM	x	Ketchikan, AK				
	KKLV	FM	x	Ketchikan, AK				
	KRBD	FM	x	Ketchikan, AK				
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FORM SA1-2. PAGE 5.							
LEGAL NAME OF OWNER OF CABLE SYSTEM City of Ketchikan	l: 				62698		Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.						Substitute Carriage:	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							Special Statement and Program Log
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7, give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
SUB	STITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					 		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Ketchikan	62698
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary identified in space E) during the accounting period. For a further explanation of how to page (vi) of the general instructions. • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	andary transmission service compute this amount, see
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must	t pay for this six-month
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·	<u>\$</u>
	Line 3. Filing Fee	\$ 15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
·	Add lines 1, 2 and 3	\$
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)
	1. Base amount under statutory formula · · · · · · · · · · · · · · · · · · ·	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1 \$ \$100,577.6	
	4. Enter the amount of gross receipts from space K	\$163,222.35
	5. Enter the amount from line 3	\$100,577.65
	6. Subtract line 5 from line 4	\$62,644.70
	7. Multiply line 6 by .005 (enter figure here)	\$ 313.22
	8. Interest charge. Enter the amount from line 4, space Q, page 8	\$ 0.00
	9. Filing Fee	\$ 20.00
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	\$ 363.99
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	<u>800</u>
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$ 1,319
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	1.00
	7. Filing Fee	\$ 20.00
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of	Copyrights. See page i of the

general instructions for more information.

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Ketchikan 62698	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 401	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name _ Tina Bredehoft	N Individual to Be Contacted for Further Information
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the	
cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or [III] (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001] Handwritten signature: Handwritten signature:	
Typed or printed name: Edward L. Cushing	
Title: Telecommunications Division Manager (Title of official position held in corporation or partnership)	
Date: 2/11/2020	

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		FORM SAT-2, PAGE 8.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Ketchikan	62698					
Special Statement Concerning Gross Receipts	SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, s lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving	ection 111(d)(1)(A) of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- ng secondary transmissions pursuant to section 119."					
Exclusions	For more information on when to exclude these amounts, s	, , , , ,					
	During the accounting period, did the cable system exclude a made by satellite carriers to satellite dish owners? INO	any amounts of gross receipts for secondary transmissions					
	YES. Enter the total here and list the satellite carrier(s) b	elow \$					
	Name Mailing address	Mailing address					
	INTEREST ASSESSMENT						
Q	You must complete this worksheet for those royalty payment	s submitted as a result of a late payment or underpayment.					
Interest Assessment	For an explanation of interest assessment, see page (vii) of the general instructions.						
•	Line 1. Enter the amount of late payment or underpayment	\$					
		x%					
	Line 2. Multiply line 1 by the interest rate* and enter the sun	n here					
		x days					
	Line 3. Multiply line 2 by the number of days late and enter	the sum here					
		x .00274					
	Line 4, Multiply line 3 by .00274** and enter here and in spa	ace L (page 6) block 1,					
	line 2, or block 2, line 8, or block 3, line 6	(interest charge)					
	* To view the interest rate chart click on www.copyright.go contact the Licensing Division at (202) 707-8150 or licens	v/licensing/interest-rate.pdf. For further assistance please sing@ioc.gov.					
	**This is the decimal equivalent of 1/365, which is the inter	rest assessment for one day late.					
	Note: If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID nu	f account already submitted to the Copyright Office, please imber, and accounting period as given in the original filing.					
	Owner	***************************************					
	Address						
	ID number						
	First community served						
	Accounting period						

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