This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/26/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or 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.	29680
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WAITSFIELD-FAYSTON TELEPHONE CO INC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 9 (Number, street, rural route, apartment, or suite number)	
		WAITSFIELD VT 05673-0009 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system used to identify the business and operation of the system used to identify the business and operation of the system used to identify the business and operation of the system used to identify the business and operation of the system.	
System		DENTIFICATION OF CABLE SYSTEM:	
	1	WAITSFIELD CABLE	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	PO BOX 9 [Number, street, rural route, apartment, or suite number)	
		WAITSFIELD VT 05673-0009 (City, town, state, zip code)	

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

	LEGAL NAME OF CAMIED OF CARLE CYCTEM	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	WAITSFIELD-FAYSTON TELEPHONE CO INC	296
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	WAITSFIELD	VT
Community	WARREN	VT
	FAYSTON	VT
Rows as Necessary	DUXBURY	VT
	BOLTON	VT
	MORETOWN	VT

Accounting Period: 2022/1

FORM SA1-2E PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29680

WAITSFIELD-FAYSTON TELEPHONE CO INC

Ε

Secondary Transmission

Service: Sub-

scribers 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.

BL	OCK 1		BLOCK	BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	2,136	45.25	STANDARD SERVICE	1,731	105.90	
Service to additional set(s)			PREFERRED SERVICE	469	116.90	
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter	1,464	3.25	HD/NODVR CONVERTER	572	7.95	
Residential			HDC/DVR CONVERTER	852	14.95	
Non-residential						
		T				

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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	R/	ATE
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel			НВО	\$ 1	19.95
 Pay cable—add'l channel 		Commercial			CINEMAX	\$ 1	15.95
 Fire protection 		Pay cable			SHOWTIME/MOVIE CH	\$ 1	15.95
 Burglar protection 		 Pay cable-add'l channel 			STARZ/ENCORE	\$ 1	15.95
Installation: Residential		Fire protection			ANY2MOVIECH 15%DISC		
 First set 	\$ 75.00	Burglar protection			ANY3MOVIECH 20% DISC		
 Additional set(s) 	\$ 5.00	Other services:			ANY4MOVIECH 25%DISC		
 FM radio (if separate rate) 		Reconnect					
Converter		Disconnect					
		Outlet relocation					
		Move to new address					

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29680

WAITSFIELD-FAYSTON TELEPHONE CO INC

G

Primary Transmitters: Television

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 and 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 multistream "WETA-2" as the same on the form.

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 in the paper SA1-2 form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WCAX	3	N	Burlington, VT
WCAX 3.2	3.2	N-M	Burlington, VT
WPTZ	5	N	North Pole, NY
WPTZ	5.3	N-M	North Pole, NY
WCFE	57	E	Plattsburgh, NY
WCFE	57.2	E-M	Plattsburgh, NY
WETK	33	E	Burlington, VT
WETK	33.2	E-M	Burlington, VT
WETK	33.3	E-M	Burlington, VT
WETK	33.4	E-M	Burlington, VT
СВМТ	6	I	Montreal, Quebec
WFFF	44	N	Colchester, VT
WFFF - CW	44.2	N-M	Colchester, VT
WVNY	22	N	Burlington, VT

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WAITSFIELD-FAYSTON TELEPHONE CO INC

29680

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
СВМЕ	FM	х	Montreal, Quebec	DMX 905	FM	х	Satellite
WUSX	FM	Х	Addison, VT	NOAA	FM	Х	Burlington, VT
WMRW	FM	Х	Warren, VT	CKMF	FM	Х	Montreal, Quebec
WDEV	FM	Х	Warren, VT	СКОІ	FM	Х	Verdon, Quebec
CIRA	FM	Х	Montreal, Quebec	СНОМ	FM	Х	Montreal, Quebec
woko	FM	Х	Burlington, VT	WEZF	FM	Х	Burlington, VT
WBTZ	FM	Х	Plattsburgh, NY	WWFY	FM	Х	Berlin, VT
CBFX	FM	Х	Montreal, Quebec	WORK	FM	Х	Barre, VT
СВМЕ	FM	Х	Montreal, Quebec	WCVT	FM	Х	Stowe, VT
WORK	FM	Х	Randolph, VT	WLVB	FM	Χ	Morrisville, VT
CFQR	FM	Х	Montreal, Quebec	WXXX	FM	Х	S Burlington, VT
WNCS	FM	Х	Montpelier, VT	WKOL	FM	Х	Plattsburgh, VT
WIZN	FM	Х	Vergennes, VT	CFGL	FM	Х	Laval, Quebec
WVPR-3	FM	Х	Burlington, VT	WHOM	FM	Х	Portland, ME
WVPR-2	FM	Х	Burlington, VT	WVPR-1	FM	Х	Burlington, VT
							
							
							
						 	
					 		
					 		
					 		
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A	d. 2022/4						505	N 0 1 4 0 5 D 1 0 5 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FUF	SYSTEM ID#
Name	WAITSFIELD-FAYSTO			С				29680
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri	fy every nor ecounting pe ing that mus	nnetwork televis eriod, under spe st be included in RNING SUBST	sion program, broadcast be ecific present and former F this log, see page (v) of the FITUTE CARRIAGE	y a <i>distant</i> stat CC rules, regul ne general instr	lations, or au ructions in th	uthorizations ne paper SA1	For a further -2 form.
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space	PROGRA	MS m on a separa	te line. Use abbreviations		·	e the progra	m
	Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broad the case of Mexican or Canacolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	of every nor distant statis gulations, o es like "mor Bulls." n was broad sign of the sidcast static adian statio th and day re "5/7." ess when the Example: a er "R" if the nd regulation of the regulation of the sidness of the sidness when the example of the regulation of the sidness of the regulation of the regulation of the sidness of the regulation of the re	nnetwork televition and that your authorizations vies" or "baske deast live, enter station broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	ed for the progneral instruction mittles, for ex No." am. e station is lice a station is ider program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the left	gramming of ns for further ample, "I Lo ensed by the ntiffied). It is the time the time that the time the time that the time the time that the time the time the time the	f another sta er information ove Lucy" or e FCC or, in with the momes accurate should be was require e listed progi	nth
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURI							7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES — TO	DELETION
							<u> — </u>	
								"
								"
							<u> </u>	
							_	"
							_	
							_	
							_	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAITSFIELD-FAYSTON TELEPHONE CO INC	SYSTEM ID# 29680
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see
	during the accounting period	\$ 473,479.02 (Amount of gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: 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 than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800
	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 pay for accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	1. Base amount under statutory formula	00)
	Enter amount of gross receipts from space K	•
	3. Subtract line 2 from line 1	•
	4. Enter the amount of gross receipts from space K	•
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	,600)
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	•
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,096.79
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,415.79
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,415.79
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,435.79
	EFT Trace # or TRANSACTION ID # 51036706	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	

Accounting Period:	2022/1						FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: AYSTON TELEPHONE CO) INC				SYSTEM ID# 29680
M Channels	to its subscribers. 1. Enter the total system carried to the total on which the carried to the total on which the carrier to the total on the carrier to the total on the carrier to the	, and (2) the cable system's to number of channels on which	total numb th the cable	nber o		ng period.	183
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun		ORM	ATION IS NEEDED (Identify an individual	I to whom	
for Further Information	Name	ROGER NISHI				Telephone	802-496-3391
	Address	PO BOX 9 (Number, street, rural route, apartn WAITSFIELD VT 0567 (City, town, state, zip)			ımber)		
	Email	RNISHI@CORF	P.WCVT.	T.CC	DM Fax ((optional) 802-496-704	0
O Certification	I, the undersigned (Owner) (Agent in li X (Office in li I have examined)	of owner other than corporation or particle of owner other than corporation of owner other than corporation of ospace B and that the over or partner) I am an officer (if ine 1 of space B. the statement of account and he, and correct to the best of my len 1001(1986)] Typed or printed Title:	artnership artnership artnership attion or pa where is no f a corpora thereby dec knowledge Enter an Enter sign d name:	partninot a pration oration signature.	am the owner of the cable system as identifiership) I am the duly authorized agent of the	e owner of the cable sy entity identified as owner fact contained herein d faith.	stem as identified
		(Title of of	micial position	siuon h		08/26/22	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
AITSFIELD-FAYSTON TELEPHONE CO INC	29680
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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