



Municipal Report of Special Franchise Activity

Please fill in all blanks (enter NA if not applicable)

Part 1: Municipality name: _____ **SWIS code:** _____
Prepared for calendar year ending: _____

Part 2: Municipal boundaries

In the most recent calendar year, were there boundary changes in your municipality? Yes No

If Yes, date change occurred _____

If Yes, from which municipality did your municipality annex area? _____

If Yes, which municipality annexed area from your municipality? _____

If Yes, please submit a map suitable for digitizing which clearly highlights the boundary change. It should contain at least four Geographic Registration Points and their map unit values. These values must conform to a standard coordinate system (i.e., State Plane Feet, Latitude & Longitude, Universal Transverse Mercator (UTM), etc.). ORPTS will send a copy of this map to each special franchise owner to determine the value of the property affected.

Part 3: New special franchise

Give exact name and address of any public utility company, cable television system, or private pipeline owner to whom you have granted a new franchise authorizing use of public place in the most recent calendar year (not including railroads or municipal corporations). Please attach a copy of the franchise (required by Real Property Tax Law section 602). Please check the appropriate item below to indicate if construction is in place or anticipated next year. Do not include property listed on last year's special franchise tax roll. If necessary, attach a separate sheet for additional names and addresses.

Name: _____

Address: _____

Construction status: In place Next year

Part 4: Construction in the public right of way

Give exact name and address of any public utility company, cable television system or private pipeline owner, which has constructed or placed any property in, under, upon or above any street, highway or public place in the most recent calendar year. Please check the appropriate item to indicate if construction is subject to a special franchise. If necessary, attach a separate sheet for additional names and addresses.

Name: _____

Address: _____

Subject to special franchise? Yes No

Part 5: Comments

Part 6: Signature of mayor, town supervisor, assessor, or authorized designee

Signature: _____ Title: _____ Date: _____

Name: _____ Telephone number: _____

Office address: _____

Please email to: ORPTS.Utility.Reports@tax.ny.gov or fax to (518) 435-8631 before April 15.

Or mail to:
NYS TAX DEPARTMENT
ORPTS UTILITY REPORTING
W A HARRIMAN CAMPUS
ALBANY NY 12227-0801

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.