Print Form

NOTICE OF CHANGE TO EXISTING CERTIFICATE(S) OF FRANCHISE AUTHORITY TO PROVIDE VIDEO SERVICE IN THE STATE OF INDIANA
State Form 52713 (7-06)
INDIANA UTILITY REGULATORY COMMISSION

Affected Certificates:

Certificate No. _____- VSP -_____ - _____
(extension) (letter of change)

Certificate No. _____- VSP -_____ - _____
(extension) (letter of change)

1. Name of the Holder of the Certificate: _____
2. Please indicate the type of change(s) requested in this filing:
   ___Change in Ownership/Control (#3)
   ___Change in Legal Name or adoption or change to assumed business name (#4)
   ___Change in Principal Business Address or Person Authorized to Receive Notice (#5)
   ___Transfer of the Certificate of Franchise Authority (#6)
   ___Termination of Certificate of Franchise Authority (#7)
   ___Increase / Decrease in the Territory of the Designated Service Area (DSA) (#8)

Complete the sections below that correspond to the type of changes marked above.

3. Change in Ownership or Control: *(including mergers, acquisitions, or reorganization)*

   a) Description of Transaction: _____

   b) Parties Involved: _____

4. Change in Legal Name or assumed business name, etc: *(Approval from the Secretary of State must be attached.)*

   a) Existing name: _____

   b) New name: _____

5. Change in Principal Business Address or Name of Person Authorized to Receive Notice:
   a) Principal/business office address *(street address, city, state and ZIP)*:
   _____
   _____

_____
Applicant Name
_____
Certificate No.

b) Main business telephone number: _____
c) Toll-free customer service telephone number: _____
d) E-mail address: _____
e) Fax number: _____
f) Mailing address, if different from principal/business address *(street address, city, state and ZIP code)*: _____
_____
g) Name and title of person authorized to receive notice: _____
_____

6. Transfer of the Certificate of Franchise Authority:
   a) Present Certificate Holder: _____

   b) New Certificate Holder: _____
   Explain the transaction that defines the transferee as a successor in interest:
   _____
   _____
   _____
   _____

7. Termination of existing Certificate for *(also complete #8 below)*: _____
   a) Identify any other Certificates that will be retained by the holder: _____
   _____
   b) Identify the number of customers covered by the Certificate being terminated: _____
   c) What method was used to notify customers of termination of service as required in I.C. 8-1-34-20(c)(2)? *(Attach a copy of the customer notice)*_____
   _____

8. Increase / Decrease in the Territory of the DSA. *(Include a map indicating the existing certificated DSA as well as any proposed changes to the territory of the existing DSA)*
   a) Reason for the change: _____
   _____
   b) Description of change: _____
   _____
   _____
   c) List the new unit(s) and unincorporated area(s) to be served under this change in DSA: _____
   _____

_____
Applicant Name
_____
Certificate No.

Verification

I affirm under penalties of perjury that the foregoing representations are true.

Officer's Name & Title:
_____
(Please Print)

Signature: _____ *Date:* _____

Phone Number: _____

IURC Receipt Date: