



**NOTICE OF CHANGE TO EXISTING CERTIFICATE(S) OF FRANCHISE
AUTHORITY TO PROVIDE VIDEO SERVICE IN THE STATE OF INDIANA**
State Form 52713 (R2 / 6-22)
INDIANA UTILITY REGULATORY COMMISSION

Affected Certificates

Certificate Number: _____ - **VSP** - _____ - _____
(Extension) *(letter of change)*

Certificate Number: _____ - **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 of 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 the 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 reorganizations)*
 - 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 code)*: _____

 - 1) Main business telephone number: _____
 - 2) Toll-free customer service telephone number: _____
 - 3) E-mail address: _____
 - 4) Fax number: _____
 - 5) Mailing address, if different from principal/business address *(street address, city, state, and ZIP code)*: _____

 - B. Name and title of person authorized to receive notice: _____

 - 1) Telephone number: _____

[Redacted]

Applicant Name

[Redacted]

Certificate Number

2) E-mail address: [Redacted]

3) Fax number: [Redacted]

4) Mailing address (*street address, city, state, and ZIP code*): [Redacted]

[Redacted]

6. Transfer of Certificate of Franchise Authority:

a) Present Certificate Holder: [Redacted]

b) New Certificate Holder: [Redacted]

c) Explain the transaction that defines the transferee as a successor in interest: [Redacted]

[Redacted]

7. Termination of existing Certificate for (*also complete #8 below*):

a) Identify any other Certificates that will be retained by the holder: [Redacted]

[Redacted]

b) Identify the number of customers covered by the Certificate being terminated: [Redacted]

[Redacted]

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.*) [Redacted]

[Redacted]

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 change: [Redacted]

[Redacted]

b. Description of change: [Redacted]

[Redacted]

c. List the new unit(s) and unincorporated area(s) to be served under this change in DSA: (*Include an updated DSA Information Table.*) [Redacted]

[Redacted]

Designated Regulatory or Customer Service Contact Information

Include name, title, mailing address, telephone and fax numbers, and e-mail address for the designated regulatory or customer service contact person responsible for ongoing communications with the Commission:

Applicant Name

Certificate Number

Designated Contact Information for *this* Notice of Change
(if different than above)

Include name, title, mailing address, telephone and fax numbers, and e-mail address for the designated contact person for this Notice of Change (if different than the general regulatory or customer service contact information listed above).

Verification

I, as an authorized corporate officer or person authorized to bind the company, affirm under penalties of perjury that the foregoing representations are true.

Name and Title:

(Please Print)

Signature: _____ Date (month, day, year): _____

Telephone Number: _____

IURC Receipt Date (month, day, year):

Applicant Name

Certificate Number

DSA Table

DSA Number	Counties, Townships	Local Units (e.g. cities, towns, or unincorporated areas)	ZIP Codes