

STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY (SICFA) FORM 3024 NOTICE OF WITHDRAWAL mandatory

Sec. 66.0420 Wis. Stats.

Executed by the undersigned to make known that the following applicant has elected to file with the Department of Financial Institutions a renewal application for franchise authority:

1. Name of the Video and/or Cable Provider:		
2. Check applicable category:		
Cable Service Provider Video Service Provider	Cable and Video Service Provider	
3. List the service areas affected by withdrawal (add pages if necessary):		
Name of Municipality	Date of Termination	

4. I, the undersigned authorized representative, certify that each municipality has been notified of the termination of service for each service area affected by this withdrawal, and that I am authorized to sign on behalf of the Video and/or Cable Provider named above.

Signature

Date

Printed Name

Title

Contact Information:

	Name	
	Mailing Address	
City	State	Zip Code
Email Address		Phone Number

INSTRUCTIONS

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the \$100.00 filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at DFICorporations@dfi.wisconsin.gov.

- 1. The name of the applicant.
- 2. Indicate the type of provider.
- 3. Indicate the names of each municipality affected by withdrawal and the termination of service

date.

4. The document is to be executed by one or more persons authorized by the service provider.