



**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](mailto: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.