



**STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY
Notice of Withdrawal**

1. Name

Principal Name of Video and/or Cable Provider
D/B/A or affiliate

2. Mark type of service provided:

<input type="checkbox"/> Cable Service Provider	<input type="checkbox"/> Video Service Provider	<input type="checkbox"/> Cable and Video Service Provider
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3. List of Service Areas affected by withdrawal (list municipalities here, or indicate that a list is attached):

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 of Authorized Company Representative:

Signature: _____ Date: _____
Title: _____

Filing Fee: \$100.00

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Instructions:

1. Enter the name of the applicant and each DBA and/or affiliate withdrawing from Wisconsin.
2. Enter the current type of Service provided.
3. List each municipality affected by the withdrawal and the date service is terminated.
4. Please have an authorized company representative sign the withdrawal.
5. The filing fee is \$100.00. Please make the check payable to Dept of Financial Institutions and submit the completed withdrawal form with the check to Dept of Financial Institutions, P O Box 7846, Madison WI 53707

NOTICE: Pursuant to Section 66.0420 Wis. Stats., this form may be used to withdraw a State-Issued Certificate of Franchise Authority. Information requested may be used for secondary purposes. Hearing-impaired may call 608-266-8818 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.