



**NOTICE OF CHANGE TO EXISTING CERTIFICATE(S) OF FRANCHISE  
AUTHORITY TO PROVIDE VIDEO SERVICE IN THE STATE OF INDIANA**  
State Form 52713 (R2 / 5-22)  
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**

**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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name

\_\_\_\_\_

Certificate Number

**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: \_\_\_\_\_

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IURC Receipt Date *(month, day, year)*: