



Mississippi Secretary of State Michael Watson

401 Mississippi St., Jackson, MS 39201
601-359-1350 • www.sos.ms.gov

TERMINATION OF CERTIFICATE OF FRANCHISE AUTHORITY FOR VIDEO SERVICE PROVIDER

1. Video Service Provider: _____

2. Date Certificate of Franchise Authority Was Issued by Secretary of State: _____

3. Date of Termination: _____

4. Please identify below, the political subdivisions and/or parts of political subdivisions to whom the Video Service provider has given written notice of termination.

Counties: (please indicate if the video service area is the entire county or a portion of the county. If the service area includes only a portion of the county, please describe the area.)

Cities/Towns: (please identify all cities/towns within the service area If the service area includes only a portion of a city or town, please describe the area.)

DECLARATION

I, the undersigned, state that I am an officer, general partner, or managing member of the Video Service Provider listed above, that I have read the above form and know its contents and the facts stated therein are true and correct. I understand that I am signing the above information and the information contained in any attachment or supplement under the penalty of perjury.

By checking this box, I am attesting that this is my signature and I have the authority to submit this form and any supplemental information on behalf of the applicant.

Signature

Title

Printed Name

Date