

**APPLICATION FOR FRANCHISE
COCHISE COUNTY, ARIZONA**



Applicant's Name

Address:

City:

State:

Zip:

Telephone:

Emergency Telephone:

Who will own and operate the system, if other than applicant:

Name

Address:

City:

State:

Zip:

Telephone:

Emergency Telephone:

Indicate the type of franchise you are applying for:

Cable TV

Electricity

Gas

Sewer

Water

Telecommunications

Fiber Optic

Note: If you are claiming an exemption from obtaining a franchise please specify reason:

Does the applicant have an existing or proposed agreement with anyone proposing to have an ownership interest in the franchise? Yes No

If the answer is yes, please attach a statement from Corporate Council setting forth the name(s) and address(es) of the person(s) with such ownership interest, and a copy of the agreement.

What is the applicant's experience in providing service for the utility for which applicant is applying for a franchise?

How many people do you anticipate serving with this utility?

NOTE: This Application must be accompanied by a \$500 nonrefundable Franchise Application Fee and a legal description of the boundary of the area to be served by the Franchise.