#### ARIZONA CORPORATION COMMISSION

### **APPLICATION**

## FOR THE SALE OF ASSETS AND/OR

# CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY (CC&N) FOR

### **CUSTOMER OWNED PAY TELEPHONE (COPT) PROVIDERS**

### Mail or deliver an Original and 13 copies of this application to:

Docket Control Center Arizona Corporation Commission 1200 West Washington Street Phoenix, Arizona 85007

List the name, address, and telephone number of the person or entity (Applicant) that subscribed to the phone line from the local exchange company, indicate <u>Business Name</u> (if different than Applicant):

(Applicant's Name)

(Business Name if different than Applicant's Name)

(Applicant's Name)	( <u>Business Name</u> if different than Applicant's Name)
(Applicant's Address)	(Applicant's Email Address)
(Applicant's Address)	(Applicant's Telephone Number)
By checking this box, the Applicant indicates it no last the State of Arizona and requests cancellation of its	onger provides, or never did provide, COPT service in the CC&N.
	athority to sell its COPT assets pursuant to A.R.S. Section this box if you are not selling your pay telephones.
By checking this box, the Applicant gives up its right and to receive notice of the hearing date in order	nt to notice and a hearing. Applicant has a right to a hearing r to cancel the CC&N.
☐ By checking this box, the undersigned states s/he is	the authorized person to make this application.
Please print your name and sign:	
(Print Name)	

DO NOT WRITE IN THIS SPACE

(Signature)

STAFF RECOMMENDATIONS