

APPLICATION FOR FRANCHISE
COCHISE COUNTY, ARIZONA



Applicant's Name VALLEY TELEPHONE COOPERATIVE, INC.

Address: P.O. BOX 970

City: WILLCOX State: AZ Zip: 85644

Telephone: 520-384-2231 Emergency Telephone:

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

Name N/A

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?

Applicant has provided Telecommunications services in Cochise County since 1962 and held a Franchise for Telecommunications Services in Cochise County since August 3, 1964. A portion of the Telecommunications Services are provided via fiber optic lines.

How many people do you anticipate serving with this utility? 1,000

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.

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BOARD OF SUPERVISORS
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