



## Notification of Consummation (Amendment)

File Number: **0000180873** | Submit Date: **02/02/2022** | Lead Call Sign: **K07PG-D** | FRN: **0008566937**

Service: **Analog TV Translator** | Purpose: **Notification of Consummation**

### General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CITY OF SEWARD</b> Doing Business As: CITY OF SEWARD	George O'Dell P.O. BOX 167 SEWARD, AK 99664 United States	+1 (907) 224-4016	godell@cityofseward.net	Government Entity

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
<b>George O'Dell</b> <i>IT Technician</i> CITY OF SEWARD	George O'Dell P.O. BOX 167 SEWARD, AK 99664 United States	+1 (907) 224-4016	godell@cityofseward.net	Technical Representative

### Consummation Notification Details

#### Details

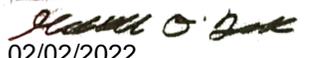
Date of Consummation	FRN of Licensee Post-consummation
2022-01-21	0024441123

#### Consummate the Following Authorizations:

Select all the authorizations in the table below that will **not** be consummated

Call Sign	Facility ID	File Number	Will Not Consummate
<b>K07PG-D</b>	11545	0000163171	
K03FO	11547	0000163172	

### Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>George O'Dell</b> <i>IT Technician</i>  02/02/2022

## Notes

The amended items are highlighted.