



REGISTRATION FOR RIGHT-OF-WAY USER

FOR USE IN YEAR
2022

A COPY OF THIS FORM MUST BE SUBMITTED FOR EACH YEAR

Indicate type of Municipal Authorization:

- Franchise Agreement
- CTP- Certificated Telecommunications Provider
 Certificated number issued by the PUC _____
- Other _____

Facility Owner Information:	Contractor	Sub Contractor	Contact Information
Company Name: _____ Contact Name: _____ Phone: _____ Email: _____ Address _____ City _____ State ____ Zip Code _____ <u>24 Hour Emergency Contact</u> Name: _____ Phone: _____	Company Name: _____ Contact Name: _____ Office Phone: _____ Cell Phone: _____ Email: _____ Address _____ City _____ State ____ Zip Code _____ <u>24 Hour Emergency Contact</u> Name: _____ Phone: _____		
Contractor Sub Contractor Contact Information Company Name: _____ Contact Name: _____ Office Phone: _____ Cell Phone: _____ Email: _____ Address _____ City _____ State ____ Zip Code _____ <u>24 Hour Emergency Contact</u> Name: _____ Phone: _____	Contractor Sub Contractor Contact Information Company Name: _____ Contact Name: _____ Office Phone: _____ Cell Phone: _____ Email: _____ Address _____ City _____ State ____ Zip Code _____ <u>24 Hour Emergency Contact</u> Name: _____ Phone: _____		

Two Year Projection Plans Submitted	Yes	No
Annual Updated Project Map Submitted	Yes	No

Insurance Company Information

Company Name: _____

Contact Name: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Address _____

City _____ State ____ Zip Code _____

Bonding Company Information

Company Name: _____

Contact Name: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Address _____

City _____ State ____ Zip Code _____



Please Attach Certificates of Insurance to this application

Certification

I, _____, Hereby certify that I am duly authorized to

Print Name

complete this Registration Form on Behalf of _____,

Print Name of Agency

and that the information provided herein is true and correct to the best of my ability. I further certify that the Agency registered hereby is providing insurance for itself, its contractors, and subcontractors as required by the City of Allen's Right of Way Management Ordinance No 1950-6-01, as amended.

Dated this _____ day of _____,

Print Name of Agency

By: _____