



REGISTRATION FOR RIGHT-OF-WAY USER

Indicated type of Municipal Authorization:

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

Will you be providing local exchange telephone service in the City of Allen? Yes No Not Applicable

If yes, the date on which you project to provide local exchange telephone service in the City of Allen _____

Facility Owner Information:

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

Primary Contact:

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

24 Hour Emergency Contact:

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

Contractor / Sub-Contractor Information:

- Contractor
 Sub-Contractor

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

24 Hour Contact:

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

- Contractor
 Sub-Contractor

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

24 Hour Contact:

Company Name

Address

Suite No.

City

State

Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

Insurance Company Information:

Company Name

Address

City

State

Zip Code

Phone

Fax

Bonding Company Information:

Company Name

Address

City

State

Zip Code

Phone

Fax

(Please attach certificates of Insurance to this application.)

- Two Year Projection Plans Submitted:** Yes No

Certification:

I, _____, hereby certify that I am duly authorized to complete this
Print Name

Registration Form on behalf of _____, and that the information provided
Print Name of Agency

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: _____