

Application Date: _____



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

RIGHT-OF-WAY USER REGISTRATION FORM

Identity and legal status of right-of-way user: _____

Name of all operators of any facilities on City right-of-way: _____

Provide the following for the person responsible for the accuracy of registration information:

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Provide the following for the local representative of the right-of-way user who shall always be available to act on behalf of the right-of-way user in the event of an emergency:

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Certification number issued by Public Utility Commission: _____

General description of services to be provided:

A right-of-way user shall furnish an original certificate of insurance and performance assurance bond to the City.

Office Use Only: