Date: _____

RIGHT-OF-WAY CONSTRUCTION REGISTRATION

Owner of Facilities

Name: _____ Phone: _____

Address: _____

E-mail: _____ Fax: _____

Contact Name: _____ Phone: _____

Address: _____ Fax: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ Fax: _____

Contractor

Name: _____ Phone:: _____

Address: _____

E-mail: _____ Fax: _____

Contact Name: _____ Phone: _____

Address: _____ Fax: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ Fax: _____

Recipient to Receive Notice of Violations or Citations

Name: _____ Phone: _____

Address: _____ Cell No.: _____

E-mail: _____ Fax: _____

Recipient (if any) of City Construction Plans

Name: _____ Phone: _____

Address: _____

E-mail: _____ Fax: _____

(PLEASE INCLUDE AREA CODES WITH ALL PHONE NUMBERS)

NOTE: For Agencies that are Certificated Telecommunications Providers, please attach a copy of the Notice of Approval issued by the Public Utility Commission of Texas that grants the Certificated Telecommunications Provider a Service Provider Certificate of Operating Authority (SPCOA) or Certificate of Convenience of Necessity (CCN).