



Registration No. _____

City of Sweeny
RIGHT OF WAY USER REGISTRATION FORM

102 West Ashley Wilson Road, Sweeny, Texas 77480
Telephone: (979)-548-3321 Fax: (979)-548-7745

Agency that owns Facilities

Company Name

Phone

Address

Fax

City, State, Zip Code

Email Address

Primary Contact

Company Name

Phone

Address

Fax

City, State, Zip Code

Email Address

24 Hour Emergency Contact

Company Name

Phone

Address

Fax

City, State, Zip Code

Email Address

Please list all businesses names, assumed names, or trade names under which the Agency operates or has operated within the past five (5) years.



RIGHT OF WAY USER REGISTRATION FORM

Contractor

Subcontractor

Company Name

Address

City, State, Zip Code

Phone

Fax

Email Address

24 Hour Contact

Company Name

Address

City, State, Zip Code

Phone

Fax

Email Address

Contractor

Subcontractor

Company Name

Address

City, State, Zip Code

Phone

Fax

Email Address

24 Hour Contact

Company Name

Address

City, State, Zip Code

Phone

Fax

Email Address

Person (s) who will be responsible for receiving notification of abandonment issues.

Company Name

Address

City, State, Zip Code

Phone

Fax

Email Address



RIGHT OF WAY USER REGISTRATION FORM

Full description of work, activity, or use of Right of Way and purpose of the work:

Exact location of proposed work or activity:

Nearest Cross Street: Between _____ and _____
 Between _____ and _____
 Between _____ and _____
 Between _____ and _____

Will the project requested perform any of the following?

Routine maintenance requiring any excavation or closing of sidewalks or vehicular lanes in a public right of way.

The installation, placement, maintenance, operation, or replacement of micro network nodes that are strung on cables between existing poles or node support poles, in compliance with the National Electrical Safety Code.

The installation of a network node, pole, small cell components, DAS system , or dual DAS system.

Replacing or upgrading a network node or pole with a node or pole that is substantially similar in size or smaller that does not require excavation or closing of sidewalks or vehicular lanes in a public right of way.



RIGHT OF WAY USER REGISTRATION FORM

Certificate of Insurance- Company Information

Please Attach Certificate of Insurance to this application.

Company Name

Phone

Address

Fax

City, State, Zip Code

Email Address

Policy Number

Expiration Date

Certified Telecommunications Providers

For Agencies that are Certified 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 with a service provider certificate of operating authority (SPCOA), certificate of convenience and necessity (CNN), or certificate of operating authority (COA).

Certification

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

complete this Registration Form on behalf of _____, and that the
Print Name of Agency

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.

Dated this _____ day of _____, _____.

(Printed Name of Agency)

(Signature)