



Right-of-Way Annual Registration Form



Annual registration is required prior to applying for a ROW permit in accordance with Code of Ordinances Section 20.5-11. Complete the information which applies to your business entity in the space provided. Completed registration form and attachments shall be returned to: rightofwaypermits@cor.gov. Please call 972-744-4280 for questions regarding ROW registration or permits.

COMPANY INFORMATION

Company's Legal Name (Owner of Facilities) _____

Address _____ City _____ State _____ Zip _____

(Area Code) Telephone # _____ 24-Hour Emergency Phone # _____ Email Address _____

Contact Person 1 Title _____ Phone # _____ Email Address _____

Contact Person 2 Title _____ Phone # _____ Email Address _____

Business Entity (Please check one)

- Individual Registered Limited Liability Partnership Corporation General Partnership
- Limited Partnership S Corporation Limited Liability Company (LLC)

Date of incorporation (if corporation) or date business established _____

Is your Company authorized to do business in the State of Texas? (Please check one) Yes No

Texas/ Federal I.D. NO. _____

ROW AUTHORIZATION

Authorization to use right-of-way

(Please check one)

Franchise: Ordinance Number: _____ Date: _____

License: Ordinance Number: _____ Date: _____

OR

State law authorization pursuant to: (Check as many as apply)

- Utilities Code, chapter 66. Local Government Code, chapter 283. Local Government Code, chapter 284.

COA or SPCOA Number (applicable to telecommunications only) _____

ADDITIONAL INFORMATION

By separate attachment please furnish the following:

- Certificate of Insurance (refer to Code of Ordinances Section 20.5-15 for requirements)
- Street map showing locations and type of existing facilities that have been placed prior to registration. Required within 6 months after initial registration.



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The undersigned authorizes the City of Richardson to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information, or false information on this form or related attachments may result in disqualification.

Signature

Print Name

Title

Completed registration form and attachments shall be returned to: rightofwaypermits@cor.gov

INTERNAL USE ONLY

Date Received: _____

Complete

Insurance Map Onbase Registration Number _____ Email Notification _____

Incomplete _____ Email Notification Sent _____