



# RIGHT-OF-WAY

## ANNUAL REGISTRATION

In order for the City to know which persons own Facilities and Structures in the City's Public rights-of-way, each person shall register with the City and provide the following below, per Ordinance 2625:

**(A) OWNER OF EXISTING/PROPOSED FACILITIES AND STRUCTURES**

<b>OWNER NAME:</b>							
<b>ADDRESS:</b>		<b>CITY:</b>		<b>STATE:</b>		<b>ZIP:</b>	
<b>PHONE:</b>							
<b>EMAIL:</b>							

**(B) CURRENT CONTACT WHO IS AVAILABLE 24 HOURS PER DAY THAT HAS BINDING AND DECISION MAKING AUTHORITY OR ABILITY TO CONTACT A PERSON WHO HAS SUCH BINDING AND DECISION MAKING AUTHORITY.**

<b>NAME:</b>							
<b>ADDRESS:</b>		<b>CITY:</b>		<b>STATE:</b>		<b>ZIP:</b>	
<b>PHONE:</b>							
<b>EMAIL:</b>							

**(C) PROVIDE THE FOLLOWING ITEMS WITH REGISTRATION:**

- COPY OF AN ANNUAL PERFORMANCE BOND FROM A SURETY COMPANY AUTHORIZED TO DO BUSINESS IN THE STATE OF TEXAS IN THE AMOUNT OF THE ESTIMATED AMOUNT OF THE COST TO RETORE THE RIGHT-OF-WAY FOR THE WORK ANTICIPATED TO BE DONE THAT YEAR. MUST BE VALID EACH YEAR CONSTRUCTION WILL OCCUR THROUGH ONE (1) FULL YEAR AFTER THE COMPLETION OF THE CONSTRUCTION.
- ATTACH A COPY OF CERTIFICATE OF LIABILITY INSURANCE OR CERTIFICATES OF SELF-INSURANCE TO MEET THE REQUIREMENTS IN THE AMOUNTS SET IN THE CITY'S CURRENT INSURANCE REQUIREMENTS ON FILE WITH THE RISK MANAGER, 972-919-2557. THE CERTIFICATE **MUST** NAME THE CITY OF FARMERS BRANCH AND ITS OFFICERS, EMPLOYEES, BOARD AND COMMISSION MEMBERS, AND ELECTED REPRESENTATIVES AS ADDITIONAL INSURED FOR ALL APPLICABLE COVERAGE.
- IF HOLD CERTIFICATE OF AUTHORIZATION FROM THE STATE PUBLIC UTILITY COMMISSION OR THE FEDERAL COMMUNICATIONS COMMISSION IS RELEVANT TO THE PROPOSED TELECOMMUNICATIONS SERVICES, PROVIDE AGENCY FILE IDENTIFICATION NUMBER:

- PROVIDE A MAP SHOWING LOCATION OF APPLICANT'S EXISTING FACILITIES WITHIN THE CITY OF FARMERS BRANCH, TO INCLUDE WHETHER THEY ARE UNDERGROUND OR OVERHEAD. \*IF THERE ARE NO SUBSTANCIAL ADDITIONS FROM PREVIOUS YEAR, THIS MAY BE WAIVED.



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## ANNUAL REGISTRATION (CONTINUED)

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(D) NAME ANY AFFILIATES OF THE APPLICANT THAT WILL USE THE NETWORK: (example-TW Telecom of Texas, LLC; Looking Glass Networks, etc.) \_\_\_\_\_

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(E) PROPOSED USE OF FACILITIES: (CHECK ALL THAT APPLY)

- RESELL TELECOMMUNICATIONS SERVICES PURCHASED FROM OTHER PROVIDERS
- LEASE OR OTHERWISE ACQUIRE ACCESS TO FACILITIES OR NETWORK ELEMENTS FROM OTHER PROVIDERS
- CONSTRUCTION, OWN AND/OR CONTROL FACILITIES TO SELL OR LEASE CAPACITY ON THE NETWORK OR OF THE NETWORK ELEMENTS OF ITS SYSTEM
- CONSTRUCT OWN AND/OR CONTROL FACILITIES TO SELL PHYSICAL COMPONENTS OF ITS SYSTEM

### ACKNOWLEDGEMENT

I, \_\_\_\_\_, FILE THIS REGISTRATION WITH THE CITY OF FARMERS BRANCH AS \_\_\_\_\_ (TITLE) AND IN WHICH CAPACITY I AM AUTHORIZED TO FILE THIS REGISTRATION AND TO CERTIFY THAT IT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE