

LIST ALL KNOWN CONTRACTORS AND SUBCONTRACTORS WHO WILL BE WORKING IN THE RIGHT-OF-WAY ON YOUR BEHALF. PLEASE ADD PAGES IF YOU HAVE A LONGER LIST OF CONTRACTORS.

CONTRACTOR/SUBCONTRACTOR:

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Cell Phone _____

Email Address _____

CONTRACTOR/SUBCONTRACTOR:

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Cell Phone _____

Email Address _____

CONTRACTOR/SUBCONTRACTOR:

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Cell Phone _____

Email Address _____

CONTRACTOR/SUBCONTRACTOR:

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Cell Phone _____

Email Address _____

CONTRACTOR/SUBCONTRACTOR:

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Cell Phone _____

Email Address _____

CONTRACTOR'S INSURANCE INFORMATION:

Insurance Name _____

Insurance Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Policy Number _____ Expiration Date _____

CONTRACTOR'S INSURANCE INFORMATION:

Insurance Name _____

Insurance Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Policy Number _____ Expiration Date _____

CONTRACTOR'S INSURANCE INFORMATION:

Insurance Name _____

Insurance Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Policy Number _____ Expiration Date _____

CONTRACTOR'S INSURANCE INFORMATION:

Insurance Name _____

Insurance Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Policy Number _____ Expiration Date _____

CONTRACTOR'S INSURANCE INFORMATION:

Insurance Name _____

Insurance Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Policy Number _____ Expiration Date _____

Two Year Projection Plans Submitted: _____ (Required for all Utility Franchise Entities)

Certification:

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

Registration Form on behalf of _____, and that the information provided
Name of Agency
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 as required by the City of Weatherford Rights-of-Way Management Ordinance No. 759-2016-05, as amended.

Dated this _____ day of _____, _____.

Name of Agency

By: _____