



Transportation and Public Works Department
**ANNUAL RIGHT-OF-WAY
USER REGISTRATION
FORM**

Registration Number _____

Indicate type of Municipal Authorization:

- | | |
|---|--|
| <input type="checkbox"/> Franchise Agreement | <input type="checkbox"/> Non-Utility Contractor (approved by TPW) |
| <input type="checkbox"/> CTP – Certificated Telecommunications Provider
Certificate number issued by the PUC _____ | <input type="checkbox"/> Independent Utility Contractor (approved by City) |
| <input type="checkbox"/> Utility Contractor working for the City to perform services | <input type="checkbox"/> Other _____ |

Facility Owner Information:

Company Name

Address

City State Zip

Office Phone Cell Phone

Email Address

Facility Owner's Insurance Information:

Please see Weatherford Rights-of-Way Management Ordinance No. 759-2016-05

Insurance Name

Insurance Address

City State Zip

Phone Fax

Policy Number Expiration Date

Facility Owner's Primary Contact:

Company Name

Primary Contact

Address

City

State Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

24 Hour Emergency Contact:

Company Name

Contact Name

Address

City

State Zip Code

Phone

Fax

Cell Phone

Pager

E-mail Address

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: _____