REGISTRATION FORM

(Submit Annually)

Registration Type

Please check whether you will be the Owner of the equipment placed in the ROW or the Contractor wishing to work in the ROW. If other, please explain in next section.

_____ Equipment Owner

_____ Contractor

_____ Other (Explain) _____

Are you a new application or updating information?

_____Update _____New

REGISTRANT INFORMATION

(Company Information)

Company or Person: _____

Address: _____

City: _____ State _____ Zip Code _____

Email Address _____

_____

Print Name Position Signature & Date

LOCAL REPRESENTATIVE

Local contact person that can speak for company that is authorized to accept official notice from the County and act as agent for the Registrant:

Name: _____ Phone No._____

Address: _____ Cell No. _____

_____ Fax No. _____

City: _____State _____Zip _____ Email _____

FOR OFFICE USE ONLY

REQUIRED DOCUMENTS FOR REGISTRATION: Please attach a copy of a Certificate of Insurance.

Date Received _____ **Registration Number Assigned** _____

Date Approved _____

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